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PROVINCE NOVA SCOTIA

REPORT OF THE

# Department of Public Health

FOR THE

Year ending November 30th, 1940

AND OF THE

# Deputy Registrar General

CONTAINING THE

Vital Statistics of the Province

For the Year ending December 31st, 1939



HALIFAX, N. S.  
PROVINCIAL SECRETARY  
KING'S PRINTER  
1941





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TO HIS HONOUR,

THE HONOURABLE FREDERICK F. MATHERS, K.C.,

*Lieutenant-Governor of Nova Scotia.*

Sir:—

I beg to present herewith the Report of the Department of the Public Health for the year ending November 30th, 1940 and of the Deputy Registrar General containing the Vital Statistics of the Province for the year ending December 31st, 1939.

I have the honour to be,

Sir,

Your most obedient Servant,

F. R. DAVIS,

Minister of Health.







## REPORT OF THE CHIEF HEALTH OFFICER

---

TO THE HONOURABLE

FRANK R. DAVIS, M. D., F.A.C.S.

Minister of Health.

Sir:—

I have the honour to submit my report for the fiscal year ending November 30th, 1940.

During the period under review, it is a pleasure to state that the public health has been maintained at a satisfactory level. An examination of the most recently compiled mortality tables shows decreases in the communicable disease, with the exception of Tuberculosis and Whooping Cough. There were 12 more deaths from Tuberculosis than in the preceding year. This is a logical consequence of two preceding years which experienced, almost unprecedented drops. To offset this slight rise in Tuberculosis, it is encouraging to find that for five diseases new minimum rates have been reached. These are Typhoid Fever, Measles, Scarlet Fever, Diphtheria and Syphilis. There was a small rise in infant deaths which is compensated for by fewer deaths from childbirth, and the puerperal state. During the closing weeks of the fiscal year a sharp outbreak of Diphtheria occurred in Halifax and spread from there to a few other centres. There were no other major outbreaks of the controllable diseases. Viewed as a whole, then, the state of the public health is encouraging and the favourable trend in those diseases, which are amenable to the intervention of physicians and health officers, continues.

Dr. E. L. Eagles and Dr. G. G. Simms returned from Toronto University where they had been taking post graduate work in public health and Dr. A. Morton from John Hopkins. All three were studying on fellowships secured by the Department from the Rockefeller Foundation. Dr. Morton is now Health Commissioner for the City of Halifax and Drs. Eagles and Simms are attached directly to the Department of Health and in charge of newly created health units. Shortly before the end of the year, Dr. H. Robertson, our Statistician and Epidemiologist, joined his Majesty's Forces as Sanitary Officer. He was given leave of absence for the duration. Dr. Robertson's temporary absence will seriously impair the work of the Bureau over which he presided. Willing hands, however, will take up his health burdens and endeavor to carry them on, as a contribution to National Defense.



Following the return of the most recently qualified officers, it was possible to divide the province into five Health Units or Divisions, each in charge of a competent Divisional Official. Each division has its office and clerks, a staff of Public Health Nurses, portable X-ray equipment and depot for the distribution of sera and vaccines. Such organization will make it possible to coordinate, correlate, and standardize health work throughout the province and to assist those sections that may be unable to maintain minimum standards in community health. Moreover, it will help to provide expert advice and assistance which cannot always be procured locally. It shall be our endeavour in this way to create an understanding and cooperation between lay persons, the physicians and the public health services.

The advent of war has thrown extra burdens upon all important personnel of the Department. These burdens have been shouldered willingly. Close cooperation with National Defense authority has been maintained. This will be continued and augmented until every assistance humanly possible has been given by the staff of the Department.

Permit me, Sir, to express not only my own appreciation but that of every important staff member of the Department for your vision and foresight in sending through the year the heads of the several bureaus to appropriate public health meetings or conventions. At such meetings our department heads pick up new methods and procedures which they bring back, modify and apply to the general health program. Nothing is more stimulating or valuable than "brushing shoulders" with others who are interested in and are applying the newer public health procedures.

### **Heart Disease**

In 1939 heart disease was again the leading cause of death. There were 997 fatalities from this cause, representing 15% of all deaths. In 1938 there were 868 ; in 1937—820; in 1936—811; in 1935—801; in 1934—839.

The improvement in mortality which we have been enjoying of recent years is the result of reductions in deaths from the acute communicable diseases. In a word, the younger age group has been benefitted. The chronic degenerative diseases, which occur in middle life or old age have shown little or no improvement. With an increasing proportion of aged persons in the population, we must expect the degenerative conditions to increase in importance as causes of deaths.

### **Cancer**

In the calendar year 1939 there were 730 deaths from cancer



and other malignant tumors. In 1938 there were 688; in 1937—717; in 1936—687; in 1935—617; in 1934—688.

While cancer ranks second to heart disease as a mortality factor, nevertheless the increase in recent years is not so alarming as might appear at first thought. It may be assumed that the mortality rate is in some measure due to better case finding as the result of an intensive program directed against the disease. If this assumption is a fair one, then there is some reason to conclude the campaign is having some effect, and as a consequence the outlook for the cancer patient is improving.

### **Tuberculosis**

In 1939 there were 428 deaths from tuberculosis, twelve more than in 1938. This does not mean the disease is on the increase. It has been demonstrated over and over again that periods of low mortality are followed by short periods of comparatively heavier losses. The years 1937 and 1938 gave us spectacular declines, and then followed the slight rise indicated. We are certain that the morbidity and mortality tendencies are definitely downward, therefore, we look for a sizable decline in the 1940 figures. It is realized however, that there may be a retarded drop during the war period. This has occurred during and following other world wars.

During the past year our anti-tuberculosis program has been expanded. We now have five thoroughly trained diagnosticians in the field, each equipped with adequate facilities for diagnosis. Our goal is the task of reducing tuberculosis to a minor cause of death within the next decade or two. Nothing short of this will satisfy our ambitions and in our endeavors in this direction we look for and expect the support of not only practicing physicians but of all the Nova Scotian people. Up to the present our efforts have been successful. It requires only a more intensive drive to bring this disease to the place where we wish to have it.

Last year 622 persons received treatment in the provincial sanatorium and 414 in the local hospitals, equipped with tuberculosis sections. In addition 141 were cared for in the Halifax Tuberculosis Hospital and approximately 20 in Lourdes Sanatorium. At the end of the year a unit of 42 beds in connection with the Glace Bay General Hospital was made ready for occupancy.

The reports of our diagnosticians, which are worthy of careful study, indicate that 4747 physical, 6652 X-ray and 4196 fluoroscopic examinations were made and several special surveys were carried out.



### **Whooping Cough**

Deaths from whooping cough for the past five year period were as follows: 1935—48; 1936—98; 1937—44; 1938—6; 1939—60. These figures demonstrate to a certain extent the cyclical nature of this malady. Whooping cough is one of the serious diseases of childhood and the younger the child the greater the probability of an attack proving fatal. A vaccine developed recently and coming more and more into use each year will, we believe, prevent the disease. Just how long immunity from this vaccine lasts, we do not know. It should be given to babies since susceptibility to and mortality from whooping cough are high in infancy.

### **Diphtheria**

There were 15 deaths from diphtheria in 1939 and 23 deaths in 1938. An outbreak of diphtheria, which appeared to be of a more virulent nature than the usual, occurred in Halifax and environs in September, 1940. Due, no doubt, to the increased population and rapid movement of people at this time, it spread to other sectors of the province. An unusual number of cases developed in adults. The increased prevalence of the disease gave new stimulus to immunization and the procedure became general all over the province. In a three months period many, many thousands were given the protection afforded by toxoid. It is regretted that a number of parents in the Halifax area neglected to bring their children to the public clinic for the second and third inoculations. There is little excuse for this neglect. The treatments were given without charge and in direct interviews they were told of the importance of the procedure. The response generally to the toxoiding program has been satisfactory. It must, however, be talked up and encouraged until all susceptible persons have been protected.

### **Scarlet Fever**

Three persons died of Scarlet Fever in 1939. This is the lowest mortality rate of record. It is probable that the more widespread use of the immunizing toxin is beginning to have the desired effect. This preparation was used extensively in some of the larger towns and a noticeable reduction in the incidence of the disease resulted. Toxin for prevention is recommended.

### **Measles**

Measles accounted for three deaths only in 1939, the lowest yearly number ever recorded. From this satisfactory mortality we must not conclude that our troubles with this disease



are over. It is the truest specimen of a cyclical disease we have and 1941 is apt to be a "measles year."

### **Infantile Paralysis**

It is gratifying to report another year passed without an epidemic visit of this crippling disease. Scattered cases occurred with three deaths. Nothing noteworthy has been added to our knowledge respecting infantile paralysis and its means of propagation during the year. We are most grateful to Lord Nuffield of England for his generous gifts of Respirators or so-called "Iron Lungs" to all of our hospitals. These iron lungs are used in the treatment of respiratory paralysis, sometimes following in the wake of infantile paralysis.

### **Smallpox**

For a period of sixteen years, with the exception of 1938 when a case was landed from a ship out of the Orient, there has not been a single case of smallpox in Nova Scotia. This is one disease where "eternal vigilance is the price of safety." In a vaccinated population smallpox does not occur. If a case is introduced from without, and this is apt to happen in a maritime province, spread in such circumstances does not follow. In some sections of the province the school population is from 90 to 100 percent vaccinated. Congratulations to our staff members who brought this about. Let us endeavour to make this general. Smallpox can be prevented by general vaccination. There is no certainty of preventing it in any other way.

### **Typhoid Fever**

Two deaths only occurred from this cause during the last statistical year. This is, in fact, a splendid record for a province widely advertized as a tourist resort. Some time ago our losses from this cause amounted to 75 per year. The improvement has not come about by chance. It is due to improved sanitation and vigilance on the part of health authority. Every case occurring has been intensely investigated in an endeavour to find the source. This has resulted in the discovery of 30 carriers who have been taught how they should behave in order to prevent further spread. While comparison may be "odious" nevertheless we know of no other place in which a more intensive "carrier" program has been carried on than in our small province. One of the most outstanding accomplishments of public health has been the conquest of Typhoid Fever.

### **Venereal Diseases**

There were 33 deaths attributable directly to those diseases in 1939 as against 37 the year before. For reasons that



are at once obvious, the suppression of these diseases is a much more difficult matter than the control of ordinary communicable conditions. The problem has social, sentimental and legal aspects as well as medical and public health ones all of which makes it more intricate. Despite the difficulties it is thought some progress has been made. The indications are that in respect of one our measures have met with some success and in the case of another the development of the sulphanilamid group of drugs gives promise. Over a year ago a special committee to assist with the prevention of venereal diseases in the most populous areas of the province was appointed. The activities of this committee have met with considerable success. Contrary to common opinion the incidence of those diseases in national defence forces is not high.

### **Infant Mortality**

The infant mortality rate for 1939 is 64. For 1938 it was 61. This small increase will, we feel sure, be more than compensated for in the next year or so since the trend has been downward of late years. The improvement is thought to be due to a more general distribution of knowledge regarding the general care of infants and a falling incidence of childhood infectious diseases.

### **Maternal Mortality**

Deaths of pregnancy, childbirth and the puerperal state claimed 49 lives in the last statistical year, yielding a rate of 4.1. The 1938 rate was 4.2. Maternal deaths are moving downwards, not as rapidly however as we should like to see them move in that direction. Our teaching public health nurses have been sent into homes to educate expectant mothers in the necessity of early and periodic examinations and to teach them the value of treatment when indicated and of providing proper facilities before the births of their children. Through education and improved obstetrical practice we hope for better results in this important field.

### **Laboratories**

The increasing demands made upon the bacteriological and pathological laboratories, particularly upon the former, as a result of assuming much of the work of the Department of National Defence has resulted in much over time work despite an augmented personnel. The staff has responded admirably to the extra duties thrown upon it. The diagnostic laboratory examines smears, cultures, blood and other fluids for the presence of diseases. The pathological laboratory looks over specimens of tissue taken from the operating or autopsy table and in this way cooperates with physicians and



hospitals concerned in the diagnosis of cancer and other conditions. Detail reports are found elsewhere and they are well worthy of careful study.

### **Sanitation**

The Bureau of Sanitary Engineering continues its useful work and the year just past has been a very busy one for this division. Inspection, supervision and improvement of water supplies, sewage disposal systems and milk plants are the major concerns of this bureau. It is unnecessary to dwell upon the importance of supervising public water supplies and purification plants and the desirability of regular laboratory examinations of all waters used for drinking purposes. Proper disposal of human wastes is of equal importance. Attention to this particular phase of sanitation in recent years has been reflected in a greatly lessened incidence of Typhoid Fever and other gastro-intestinal disturbances. The supervision of milk and its products is also an essential undertaking for the reason that milk is our most important food and, at the same time, an excellent medium for disease producing germs. Since all persons may be or are considered potential consumers it is at once apparent that the supply should be adequately protected. Each succeeding year the consumption of pasteurized milk is increasing. This has been accomplished by teaching the dairy-men and public that properly pasteurized milk is the only safe milk. Rigid supervision of pasteurization and bottling plants must be maintained.

### **Education and the Public Health Nurse**

We have learned that health education can best be brought to the places where it is needed most, that is, into the schools and the homes by the Public Health Nurse. The activities of the nurse enter into every phase of the public health program, consequently, no one plays a more important part in its development than does this official. Her duties include pre-school and school hygiene, communicable disease control, maternal and child welfare and health education generally. Since there are such possibilities in the field of health education, the opportunities of the Public Health Nurse to do good are limited only by her capacity and willingness to serve. Our nursing program, from a small beginning a few years ago, has grown steadily and there is an increasing demand for further extension of the service.

During the year 37,811 school children were inspected, 13,436 interviews were held with physicians and municipal officials and 22,229 home visits were made respecting 32,469 persons.



In the retrospect it may be said that health activities are slowly but surely forging ahead. We have made a good beginning. The chief objective of the Department is to prevent disease and prolong life. All activities of the future will have this one great aim in view. Further progress in this direction will depend upon continued cooperation of practicing physicians, local health authority, community agencies and the people at large. A health department can do little without the loyalty of a well trained personnel, and any success that has attended our efforts is due to the united efforts of an efficient staff.

Once again, Sir, I wish to express my appreciation of your direction at this, the most difficult period in the history of Department. I desire to publicly thank the executive officers of the Department, the Medical Health Officers, members of the medical profession and of the several voluntary health organizations.

I have the honour to be, Sir,

Your obedient servant,

P. S. CAMPBELL, M. D.,

Chief Health Officer.

Halifax, N. S.,  
November 30, 1940.

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## **REPORT OF THE DEPUTY REGISTRAR GENERAL**

TO THE HONOURABLE

FRANK R. DAVIS, M.D., F.A.C.S.,

Minister of Health and Registrar General.

Sir:

I beg to submit the report of the Deputy Registrar General for the year, 1939.

In the calendar year 1939 there were 11,825 living births and 364 stillbirths, representing a decrease of 416 living and an increase of 8 stillbirths as compared with 1938. The deaths from all causes numbered 6,324, being 237 more than in 1938. 761 infant deaths occurred, with a rate of 64. Diseases incident to childbirth claimed 49 lives. 5024 marriages were solemnized, 735 more than in 1938.

A special form for the registration of stillbirths was introduced. This form replaces the double one previously in



use. It is thought the new form will provide information of value in determining the causes of stillbirths which to the present have been somewhat obscure. With specific information as to the causative factors, it should be possible to improve our methods of prevention.

The turn of world events has created an unprecedented demand for birth and marriage certificates. This demand has kept an increased personnel in the Vital Statistics Section working much overtime. Even with longer working hours it was not always possible to satisfy promptly the stream of requests for certificates. With increasing demands extra precautions had to be taken to ensure that the information submitted for delayed registrations was in suitable form, to prevent the granting of citizenship to persons not entitled to it.

Attention is again directed to the importance of parents, undertakers and others responsible, filing complete and accurate certificates. When incomplete or inaccurate information is given, corrections can only be made by marginal notes. When certified copies are later given they must contain the original entries as well as the marginal notes. Errors of this sort make trouble for all concerned. It is therefore more satisfactory to procure and enter correct and complete information in the first instance.

In the appendix there will be found the standard tables of births, deaths and marriages arranged by cities, towns, counties, sex, age and nativity.

I have the honour to be, Sir,

Your obedient servant,

P. S. CAMPBELL, M. D.,

Halifax, N. S.

Deputy Registrar General.

November 30th, 1940.

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## REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

*To the Chief Health Officer:*

At the end of another fiscal year we find ourselves in a reflective and stock-taking mood, weighing the results of our efforts individually and collectively against those of another year or series of years, which have gone into the records. There is wisdom in pausing occasionally to take stock of ourselves and give an account of our stewardship. If we find we have



lagged in some respects it is well to change our methods or speed up our present ones if deemed efficient. We live to learn and by our mistakes to benefit. If we find we maintained a certain, apparently satisfactory standard, we should not dwell too long complimenting ourselves and become self-satisfied, but should set up a still higher goal even though we may meet with opposition and disappointment. In short, we must keep pushing forward. We look backward to measure what has been done against what remains to be done in the future. Once a goal is reached or in sight, its importance dwindles in relation to what lies beyond.

I will, for a moment, refer to the critical time through which we are passing. We are at the crossroads of a history making epoch, a time when speculation is rife. The past year has seen many rapid changes and much has transpired in the physical and economic status of our people and in their geographical distribution. In these changes the Department of Public Health is vitally interested, already dealing with problems that have arisen and ready and willing to cooperate in dealing with those that will arise in the future. Though far removed from the roar of the bomb dropping Heinkel and far removed from the front lines of European and African warfare, we are gradually feeling the impact in public health matters. Concentration of men of land, sea, and air forces, in this coastal province, where we are nearer and in closer contact with the war zone than any part of Canada, opened up health problems which required and still require, constant and effective attention to prevent these problems becoming of major proportions.

We must redouble our efforts in all directions in the cause of freedom. The incoming year will not be an easy one for us. When we study the work of dictators, their ruthless methods, and the suffering inflicted upon innocent people, we are thankful we are living in a country where the democratic principles of government are still alive. The path ahead is not easy by any means, but the blazing sun of victory is at its end.

The effect of ruthless bombing of civilians in England was brought home to us last August when children seeking a haven of safety arrived in Canada, some groups being allotted to Nova Scotia under the supervision of the Department of Child Welfare. These children, before being sent to foster homes, were given close attention by the Department of Public Health to determine their physical and mental standing and to provide all possible protection for the future. These children were given a complete physical examination and mental examination. An X-ray was taken of the chest of each one. Vaccination against smallpox was done in every case. Schick testing for diphtheria susceptibility and toxoiding for reactors was done.



It is interesting to note that children who had been toxoided in England were Schick negative. Blood for Kahn test was taken from each child and in every case a urinalysis done.

On August 1st there was a recasting of the Health Divisions in the province. This was made necessary by the addition of two physicians, Dr. G. G. Simms and Dr. E. L. Eagles, to the field staff, the former taking over the counties of Cumberland, Pictou and Antigonish, with headquarters in Pictou; the latter taking over the counties of Colchester, Hants, Kings, Annapolis and Digby Municipality, with headquarters in Windsor. These additions to the staff is another move forward by the Department of Health. Smaller and more concentrated divisions result and provide for more time and intensive work. Dr. Simms and Dr. Eagles came to us well qualified and I bespeak for them a full measure of success and I know such will be theirs.

A picture of general health conditions throughout my division the past year was a bright one, with no grave disturbances in disease incidence. Influenza was general throughout the district during the winter months. Anterior-polio-myelitis was down to a minimum as well as diseases of the Typhoid group. Measles at the end of the year is becoming epidemic. A few cases of diphtheria were reported from the rural areas during the past month. The above references do not include Halifax City. At this moment a goodly number of cases of Scarlet Fever, Measles and Diphtheria have been reported from the city. Prompt action has been taken to meet the situation. General toxoiding of children and adults has been undertaken and in this the Department of Public Health is giving all aid possible. The presence of Diphtheria in the city has been and is being of immeasurable educational value throughout the province. Toxoiding clinics are being held at all points and the service is available to all.

In my particular division clinics are being held by every physician in the district and in the next few months we shall have a great percentage of our people protected against diphtheria. Future statistics and reports on diphtheria and inoculation will bring out many interesting points.

In the year, no water or milk borne epidemics were brought to our attention. Field work in tuberculosis as usual occupied a greater part of the time. Our rate is remaining in a satisfactory position and we can always point with a feeling of justifiable pride to what has been accomplished in one and two decades.

Tuberculosis is still one of our major problems. In our



death rate it occupies third place, giving way to cancer and heart, but it remains a leading cause of death in the useful and productive age groups. Many weapons are necessary to control the disease and a complete coordination of these weapons will bring about the desired results in due course. The assistance of municipalities and voluntary organizations in providing institutional care for needy cases was most gratifying. Indeed our difficulty the past year was not a case of not being able to obtain financial assistance for patients but in securing beds. Sanatoria facilities have been taxed to the limit so the waiting lists have been long. More beds have been made available at the Nova Scotia Sanatorium so the condition will be appreciably relieved. The portable X-ray Unit was quite extensively and very satisfactorily used in clinic work.

The following is a brief summary of chest examination work done in the diagnostic service:

	Positive.....	148
First examination	Negative.....	1654
	Suspect.....	63
Re-examination	Positive.....	164
	Negative.....	537
	Suspect.....	17
Total cases seen.....		2583

#### Examination classification:

Clinical examination only.....	584
Clinical and X-ray examination.....	1141
X-ray examination.....	858
	2583

#### Examination procedures:

Total number clinical examinations.....	1725
Total number X-ray examinations.....	1999
P. T. tuberculin tests.....	164
Grand total examination procedures.....	3888

The value and importance of the public health nursing service is demonstrated more clearly each year. Under the superintendency of Miss M. E. Mackenzie, the nurses are a potent factor in the promotion of public health matters in this province. Two nurses in this district resigned their positions during the past year, viz., Miss McIntosh in Cumberland County, and Miss McMillan in Hants County, and have been succeeded by Miss Morrison and Miss Grant respectively.



Routine duties other than those mentioned, in field and office were carried out as instructed and as expeditive as time and circumstances permitted.

I wish to record my appreciation of the Honourable Minister's interest and attention in the progressiveness of the Department and to you, Sir, of your devoted and untiring energy in the discharge of your duties. Assistance and cooperation I have received in each and every quarter, I sincerely appreciate.

Respectfully submitted,

J. J. MACRITCHIE, M. D.,

Halifax, N. S.  
November 30, 1940.

Divisional Medical Health Officer.

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**REPORT OF DIVISIONAL MEDICAL  
HEALTH OFFICER**

*To the Chief Health Officer:*

I beg to submit my report for the fiscal year ending November 30, 1940.

Since the last yearly report a change has been made in the territory making up the Western Division. Due to the opening of a new Divisional Office in the town of Windsor two counties and two municipalities formerly in this Division now are included in the Division with headquarters in Windsor. The Western Division now includes the Counties of Lunenburg, Queens, Shelburne, Yarmouth and Clare Municipality; headquarters, however, still remaining in the town of Yarmouth. It is anticipated that with a smaller territory a more intensive program can be carried out.

During the past year there has been no change in the Nursing Personnel of the Division, there being one nurse in each of the counties of Yarmouth and Lunenburg, another nurse for the counties of Queens and Shelburne, while the nurse in Clare Municipality, also carries on the Public Health Nursing program in Digby Municipality and Annapolis County. It has long been recognized that the Public Health Nursing Service is the mainstay of all Public Health endeavours, and at this time I would pay a well earned tribute to the Public Health Nurses in the field, who, by their diligent efforts and leadership are producing definite gains in the unceasing battle against disease and faulty living. Each of the nurses in the Division carry a much higher case load and cover a larger territory than is recommended, consequently I feel that an



early increase in the number of nurses in the field should be the next step in any expansion of the program, such additional nurses together with a local supervisor would do much to further improve health conditions in the Division.

### **Communicable Diseases:**

Headquarters at Yarmouth acts as a distributing centre or biological products in the greater part of the Division, considerable, however, is obtained directly from the Halifax office. During the year the following biological preventative material was sent out:—

Diphtheria Toxoid for immunization of 6,000 persons.

Schick Test material for testing of 3,450 persons.

Scarlet Fever Toxin for immunization of 84 persons.

Typhoid-Paratyphoid Vaccine for immunization of 132 persons.

The reporting of communicable disease is still faulty although some improvement is noted. The importance of early reporting of communicable diseases cannot be over-emphasized, by such means only can adequate early control of outbreaks be controlled.

Until the last two months of the fiscal year there was no unusual prevalence of the communicable diseases, at this time, however, several cases of diphtheria developed in Lunenburg County, also a case or two in Yarmouth and Shelburne Counties. In spite of the campaign put on for some years against Diphtheria a vast majority of school children and pre-school children were still unprotected. An extensive Diphtheria Toxoiding campaign has been underway for some time and it is hoped that within a relatively short period that the great majority of the children in the Division will be thus protected against Diphtheria. It is unfortunate that the public wait until disease such as diphtheria actually develops before accepting measures of protection, because like all other immunization procedures a period of time of at least weeks must elapse before protection against the disease is obtained. Through the combined efforts of the Public Health Nurses, Medical Health Officers, practicing physicians and interested bodies, thousands of children have been given Toxoid. In some municipalities it is felt that well over seventy-five percent (75%) of school and pre-school children have been so protected, and the work is still continuing. It is to be hoped that this will be the last outbreak of diphtheria in Nova Scotia.

Whooping Cough has not been outstanding this year among the communicable diseases, but in spite of this the usual deaths have occurred among infants and pre-school children. It must be emphasized again that this is one of the major



causes of death in infants and every effort should be made to protect young children from the disease. Results from the early use of Sauers Vaccine are such as to make its use of definite value, here again it must be emphasized that the vaccine must be given before the Whooping Cough "Season" arrives, as it takes some months for a full measure of protection to be achieved.

Scarlet Fever was only reported from a few places in the Division and the cases were small in number. Here again we have a protective material for use in those found susceptible to the disease, its use, however, has not been extensive although it has been shown to give few reactions and to give a definite degree of protection. Due to the apparent mildness of the disease recently there has been a tendency to pay less attention to the disease, but even in the mildest cases, disabling complications do occur frequently, for example, chronic middle ear disease, kidney infections, gland swellings and disabling heart disease. Continued efforts to inform the public concerning these dangers and the need for immunization must go on if such chronic illness is to be prevented.

#### **Enteric Fever (Typhoid and Para B.):—**

Occasional cases of typhoid fever continue to appear, there was also a small outbreak in a lumber camp involving the cook and several employees, all cases appeared to be quite mild in type. Carriers, as usual, formed the major source of infection and in most cases such a source is found. In previous years if a contaminated well or a history of drinking bog-water was found this was considered to end the investigation, now we go further back and attempt to find out how the well or bog-water became contaminated. Every case of typhoid fever is due to infection from another case or carrier either directly or indirectly. There are some ten (10) known carriers under observation in this Division, most of these co-operate well and observe precautions, one or two are careless and will quite probably be the cause of other cases in the future. During the year two typhoid carriers underwent surgical treatment in order to clear up their infective condition.

**Vaccination** against Smallpox has continued to be emphasized, and due to co-operation from the education authorities by far the greater percentage of school children are now so protected. However, very few pre-school children are being vaccinated, it should again be made clear that children should be vaccinated about one (1) year of age and again in the early school years. By thus checking on the original vaccination a full measure of protection is assured. Conscientious objectors are becoming fewer, due in part to education and in part due to the trouble which they must go to each year



to obtain a certificate which must be sworn to before a Justice of the Peace. Although the number of physical disability certificates given by doctors is becoming less there are still more than is warranted by ill health among the holders of such certificates.

#### **Venereal Diseases:—**

Due to war conditions and the stationing of large numbers of men in the province it was to be expected that the Venereal Disease problem might become of major importance. The greatest concentration of troops and airmen in this Division being at Kentville, Yarmouth and Lunenburg Counties. In the Yarmouth area, Dr. D. Dobson was appointed to assist the clinic Director, Dr. G.W.T. Farish, and an attempt was made to bring in all known cases and contacts in the area so as to render them non-infective. In addition a source is usually named in cases developing in the camps and although considerable difficulty is experienced many of these suspected persons are brought into the clinic for examination. So far in this division there is no indication of any extensive increase in the number of cases of Venereal Disease.

#### **Dental Services:—**

In spite of the Dental Trailer service provided by the Department and the Dental Society there is still a great need. Due to the ruling that the Trailer does not operate within twenty miles of a practicing dentist the greater portion of the needy areas in this Division automatically are cut off from this service. Some attempt is made to hold dental clinics in a few areas but these are for the most part extraction clinics; due to lack of portable equipment little other work can be done. The feeling which is shared by most, including many of the practicing dentists in the area is that the twenty mile ruling could be cut down very materially, thus enabling the Dental Trailer to operate in areas of great need. Until this is done little can be looked for in the way of dental improvement.

#### **Well Baby Clinics;—**

It is felt that there is a definite need for such clinics in order that the importance of early immunization against such diseases as whooping cough, diphtheria, scarlet fever and small-pox may be emphasized. The clinics further enable diseases and deformities to be recognized in their incipency and promptly treated. In towns where the Victorian Order of Nurses operate there is a noticeable increase in the number of pre-school children immunized. With more nurses and consequently smaller nursing districts it should be one of the future expansions of the service.



**School Services;—**

The importance of the Public Health Nurse in the school health program cannot be over-emphasized. By the yearly inspection of pupils defects are brought to the attention of the family physician and parents and a notable number of such defects are corrected following the nurse's visit. School sanitation is also checked up on by the nurse and proper changes recommended. Faulty tonsils with their frequent consequent ill health are brought to the attention of the proper authorities. During the year several clinics were held at various hospitals for the removal of such faulty tonsils, these clinics being in a large measure due to the work of the Public Health Nurse. Junior Red Cross organizations are recommended to be formed in the schools and through these corrections of visual defects are carried out in these otherwise unable to pay. Also the formation of Home and School Associations is urged, and the nurses give much extra time to speak at such meetings.

**Water;—**

Very few changes occurred in the water situation during the year. Owing to the change in the size of the Division the worst offenders, namely the Valley towns now come under the Windsor Office. Of the six towns in the present Division two have chlorination. The town of Shelburne has no single water supply, wells being the source in most cases and considerable improvement is possible. Chlorination of the water supply in the other three towns is the recommended procedure. At the present time rural and village water supplies coming for the most part from improperly placed and improperly constructed shallow wells are a great potential source of trouble, although of course such outbreaks would involve a smaller number of people. Nevertheless, more stress should be placed on proper well construction.

**Sanitation;—**

Owing to the location of most of our towns on tide water the question of sanitation has not been a major one and conditions in the Division are reasonably good. Many improvements are possible and these are gradually being carried out. Surface privies are all too common in our towns and these are in most cases not properly constructed. In the rural areas where such surface privies only are possible the question of poor construction again presents itself. A demonstration project of a well located and properly constructed privy in various sections throughout the Division would, I feel, be of material benefit in causing an improvement. These could be well located at strategic schools where health and sanitary knowledge, as well as other subjects, should be taught.



**Milk;—**

There is a slow but gradual improvement in the milk situation in the Division. There are at present four pasteurizing plants, two supplying the town of Yarmouth, one in the town of Liverpool and one in Lunenburg, the latter being opened since the last report. There is no doubt but that price plays a part in the improvement of a milk supply, the producers and dealers being able to use better equipment and methods with better prices. The town of Yarmouth still possesses the only adequate milk inspection service and results are justifying the slight extra expenditure. Other towns are becoming interested and will, I feel, eventually adopt such. Testing of cattle for Tuberculosis and Bang's Disease is still deficient in some areas, much improvement is possible here. The fact that there is no compensation for cattle found to be suffering from Bang's Disease has prevented many dairymen from having their herds tested.

**Tuberculosis;—**

The major portion of time is still spent on tuberculosis work, special attention being given to the examination of contacts. The large number of cases requiring supervision in homes also takes up considerable time, and the present shortage of Sanatorium beds adds to the difficulties of keeping open cases from infecting contacts. In spite of the fact that it has long been recognized that more tuberculosis beds are required in this area the local authorities have not taken the necessary steps to secure a tuberculous unit of the type which are operating successfully in other parts of the province. I feel that the hospitalization of open cases is and will continue to be a most important part of our tuberculosis control program, present conditions which result in a patient waiting months for admission to Sanatorium are a "bottleneck" which must be overcome before adequate control is achieved. That Tuberculous Units are practical both from the patients and municipal authorities viewpoint there is no doubt, the patients obtain adequate treatment and are near friends and relatives, the municipal authorities find their burden lessened and from a long range point of view this burden which the Municipal and Provincial Government carry should and will become progressively less. Every open case which is segregated in the Sanatorium or Tuberculosis Unit helps to prevent other cases with consequent saving of lives and money. That a measure of control is being achieved even with the present inadequate bed capacity is seen in the continuing lowering of the death rate from tuberculosis, however, this province still has the unenviable position of having the second highest death rate from tuberculosis in the Dominion.



Again, due to the large number of open cases in homes the work of the Public Health Nurses is greatly increased; the present staff is not adequate to properly supervise such home treatment and to teach how contacts in such homes are to be protected. Infrequent visits only, are possible in many areas and due to the usual financial inability of such patients to pay for adequate medical services a doctor only sees such patients at infrequent intervals. If such patients are able to travel for short distances they may now obtain free chest X-ray examination by the portable X-ray equipment provided by the Department. This equipment has been of inestimable value, not only in the follow-up of actual cases, but also in the diagnosing of new cases and the examination of contacts, the most prolific field for the findings of new cases. As will be noted from the appended tables, well over one-third of all examinations are on such contacts and the major portion of the new cases were found among such contacts of known open cases. Due to the continuation of the rural electrification program more and more places are being opened up in the rural areas where the portable X-ray equipment is most needed and may now be used.

During the year seventy-three and one-half days were spent at Tuberculosis Clinics at thirty-one different centres. In addition the medical profession are privileged to send patients in for examination at the Yarmouth Hospital when clinics are not on, in this way tuberculosis services are obtainable for consultation at all times.

Three surveys were carried out during the year using the Tuberculin Patch Test to detect those infected with the Tubercle bacilli and then X-raying all reactors, using the Portable X-ray. These surveys were carried out in the Bridgetown School, Windsor High School and St. Anne's College, Church Point. The percentage of tuberculin reactors was surprisingly low. The Bridgetown survey which included all grades from one to twelve, pupils numbering two hundred and thirty-three showed 13.7% to be Tuberculin Positive, X-rays of these reactors showed no cases of adult type tuberculosis. The Windsor survey which included high school pupils only showed 9.2% to be Tuberculin Positive, no cases of adult type tuberculosis found on X-raying the chests of these reactors; of the teachers in the school, 16 in number, 56% were Tuberculin Positive, all were essentially negative on X-ray examination of chest. The St. Anne's College, Church Point, survey included pupils from seven to twenty-four, showed 32% Tuberculin Positive, one suspected case of adult tuberculosis was found on X-ray examination of chests; all of these pupils were of French descent.

Such surveys are of value in giving information as to the



probable number of open cases in a community, also they have a definite educational value serving to make a community tuberculosis conscious.

Excellent co-operation has been obtained from the Victorian Order of Nurses in towns where such are located. Assistance in locating and follow-up of cases, in bringing cases and contacts to clinics and in various other ways must be gratefully acknowledged.

As in the previous year a grant of Two Hundred Dollars (\$200.00) was received from the Nova Scotia Tuberculosis Commission, this money was used to obtain X-rays of patients unable to pay in localities where the portable X-ray was not used. This grant made possible the findings of early cases and adequate treatment of known cases, many such who are progressing favorably have the Commission to thank. Such assistance from voluntary organizations plays an important part in Tuberculosis control. An awakened public contributing more fully to such an organization with resultant adequate funds should be playing a more important part in our Tuberculosis control program. The sale of Tuberculosis Seals falls far below what it should be considering the important part such sales play in the control program from the preventative angle.

INSPECTION OF SEVERAL PENAL AND HUMANE INSTITUTIONS were carried out under your instructions. Conditions were for the most part found favorable—a definite improvement in most institutions is noticeable during the past few years.

Examination of Teachers receiving pension for Disability was carried out during the year for the Department of Education

Talks were given to numerous service clubs and other organizations during the year. The demand for such educational talks is increasing and I believe the time is coming when a definite directed educational program will be necessary, making use of such modern facilities as the movies and the radio. Little can be accomplished in a preventative program without a preceding educational program.

I was also privileged to attend the meeting of the Canadian Tuberculosis Association in Montreal in June and assist in the presentation of a paper. This was a most enthusiastic meeting and served to give a picture of the Dominion and world-wide fight against the disease.

The Public Health Nurses' Conference and the general Departmental staff meeting in Halifax were also attended.



These meetings all help in keeping up a high standard of work throughout the Department.

In conclusion let me express my appreciation for the continued co-operation of all those interested in the promotion of improved Public Health.

Respectfully yours,

J. S. ROBERTSON, M.D., D.P.H.,

Divisional Medical Health Officer.

Yarmouth, N. S.,  
November 30, 1940

Fluoroscopic examinations.....	3,026
X-rays Interpreted.....	1,306
X-rays taken on Portable X-ray.....	858
Tuberculin Tests.....	620
Sputum examinations.....	2,363
Sputums Positive for Tubercle bacilli.....	429—18%

#### Results of Chest Examinations

New Cases (pulmonary)		Percent of Total New Cases	
Minimal Tuberculosis.....	62	.....	41%
Moderately Advanced.....	38	.....	25%
Far Advanced.....	51	.....	34%
<hr/>		<hr/>	
Total.....	151	.....	100%
New Cases.....	151	6.6% of total first examinations	
Suspected Cases.....	96	4.2% of total first examinations	
Negatives.....	1,741	76.3% of total first examinations	
Pleurisy with effusion only	23		
Primary Infection (childhood type) active.....	30		
inactive.....	209		
<hr/>		<hr/>	
		239—10.4% of total first examinations.	
Total first examinations....	2279		
Contacts seen for first time	719	32% of total first examinations.	

#### Re-Examinations

		Percent of total Re-examinations	
Positive Cases active.....	393		
inactive....	504		
<hr/>		<hr/>	
	897	35.9%	
Suspect Cases.....	63	2.5%	



		Per cent of total Re-examinations
Primary Infection—active	63	
inactive	143	
	<hr/>	
	205	8.3%
Negatives.....	1,330	53.3%
	<hr/>	
	2,495	
Contacts re-examined	1,041	41%
Total examinations (first and re-examinations)	4,774	

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## REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

### The Cape Breton Island Health Unit

*To the Chief Health Officer:*

I beg to submit my report for the fiscal year ending November 30, 1940.

In general, the year has been one of satisfactory progress. The presence of the armed services in the district has added somewhat to the responsibilities of this office, but it is a pleasure to give what assistance one is able. In return the Medical Officers have been most co-operative which fact has assisted greatly in the protection of the public health of the civilian population.

In September, Dr. G. Graham Simms was appointed to the staff of the Department as Divisional Medical Health Officer. As Antigonish County was included in his district, this transfer was effected shortly after his arrival. This limits the function of this division to the Island of Cape Breton, which was the original plan when the Cape Breton Island Health Unit was organized.

### Public Health Nursing Service

The demand for the services of the Public Health Nurses is ever increasing. Under such circumstances and with a definite programme to be carried out, the loss of a nurse becomes a serious matter. During the year, two nurses, Miss Ella O. Hunson and Miss Margaret MacIntosh, resigned from the Department. This has deprived the Health Unit of the services of three nurses, (Miss L. Turner who was "loaned" to the dental trailer in 1939, was not replaced). At the end of the fiscal year therefore, we have seven nurses and one supervisor carrying on a programme designed for ten nurses and a supervisor. It has become necessary to combine Inverness North and South under one nurse and Cape Breton



County remains with four districts instead of five as originally planned. Such a set of circumstances leads invariably to overwork, and detail, which is so important to satisfactory work, must suffer in some degree. It is sincerely hoped that this year will see the nursing staff brought up to full strength.

The family folder system of nursing records provides us with information in regard to nursing service supplied to families as a unit in the health Unit.

### Summary

Number of families "opened" during 1940.....	646
Number of families "re-opened" during 1940.....	13
Total families receiving nursing service.....	659
Number of families "closed".....	80
Families under nursing supervision as of Nov. 30 /40.....	579

The total number of families therefore receiving nursing service from this Department during the year was 659.

### Analysis of the Types of Nursing Service Received by Families as of Nov. 30, 1940

Maternity Antepartum Service.....	24
Maternity Postpartum Service.....	11
Infant Service.....	78
Preschool Service.....	17
General Morbidity Service.....	5
Tuberculosis Service.....	471
School Service.....	14
	620

It should be noted that six hundred and twenty, (620) types of services were being provided for 579 families, as of November 30, 1940.

This represents only a small portion of the demand, in the various districts, on the Public Health Nurse. The volume of work accomplished as indicated in the remainder of this report and the growing public demand for the nursing service, reflects the wholesome interest and devotion to duty on the part of the nurses. I wish to commend them for their untiring efforts in the interest of the public health.

### Acute Communicable Diseases

During the fiscal year there were no serious epidemics. Measles appeared in Cape Breton County in October and by November was assuming the proportions of an epidemic. Twelve cases of cerebro spinal meningitis were reported. In



April the situation caused some anxiety but the cases were scattered and the danger subsided. Unfortunately the disease is usually associated with war time conditions and danger may arise from time to time. Only one case of infantile paralysis occurred and the patient died. Chicken pox was endemic throughout the year. At the close of the year, "influenza" appeared in epidemic proportions. The disease was mild in nature with few complications.

**Acute Communicable Diseases Against Which Immunization is Possible.**

**Diphtheria:** Continued and satisfactory progress toward the complete control of this disease has been observed. Only sixteen (16) cases have been reported in the whole Health Unit; of these ten (10) occurred in two families. It is almost unnecessary to mention that none of the sixteen cases had received Toxoid. The sixteen cases represents a decrease of twenty-seven as in the year 1939. In Cape Breton County, where the disease had been endemic for years, a further decrease in cases is noted. More important than the morbidity picture is that of mortality. Statistics have been reviewed to 1927 and this is the first year since then that a death from diphtheria has not occurred. Only one death occurred in the whole Island and this was due to late reporting. Such a record is high tribute to the efficiency of Diphtheria Toxoid as a preventive. With the general demand for Toxoid, diphtheria, as smallpox, can be made a disease of the past, but such an achievement is only possible through the continued and widespread use of Toxoid.

It is highly probable that a serious situation might have developed as a result of the epidemic in Halifax had not the district been well toxoided. In fact, three separate foci appeared in various parts of the Island within seven days, the contacts of all being traced to Halifax. Prompt and firm steps were taken to isolate these and no further cases developed in their various vicinities. These occurrences led to a considerable amount of Schick Testing in the adult population which has revealed a surprisingly large number of susceptibles.

The administration of Diphtheria Toxoid has continued as an annual event in schools.



**Summary of Children Receiving Diphtheria Toxoid  
(3 doses.)**

<b>County</b>	<b>1938</b>	<b>1939</b>	<b>1940</b>	<b>Total.</b>
Cape Breton County	9,669	3,258	4,259	17,186
Richmond County	2,514*	275	879	1,154
Inverness County		971	982	1,953
Victoria County		898	241	1,139
	12,183	5,402	6,361	21,432
				2,514
				23,946

\*Details as to counties not available.

This is a most gratifying result of the Toxoiding campaign and it is now possible to state that by far the majority of school children in the Island have received three doses of toxoid. It is also worthy of note that parents are taking a more lively interest in seeing that children of preschool age receive toxoid.

**Scarlet Fever:** One hundred and twenty-six (126) cases have been reported. Our experience during the year further confirms our opinion that in the face of a threatened epidemic the use of the Dick Test followed by immunization of susceptibles with Scarlet Fever Toxin is highly efficient. Three such outbreaks have been so dealt with. In each instance the results were dramatic and highly significant. The degree of immunization conferred by the toxin has been most satisfactory from the practical standpoint as indicated by Dick Tests. Administrative conditions make it impossible to employ Scarlet Fever Immunization on the same scale as Diphtheria Toxoid. Sufficient Toxin to immunize four hundred and seventy-nine (479) individuals was issued from this office.

**Whooping Cough:** Twelve hundred and sixteen (1216) cases were reported during the year. A very satisfactory degree of immunization can be obtained through the use of Sauers Pertussis Vaccine. We have records of one hundred and sixty-two (162) children immunized. It is significant that none of these have developed the disease although it has been present in their localities. With the passing years it becomes apparent that a "reinforcing" inoculation during the preschool years is advisable.

**Small Pox:** Another year has passed without a case being reported. The programme for vaccinating is continuing successfully. The following is a summary of the vaccinations which have been done with the co-operation of the physicians in the various districts:—



	1938	1939	1940	Totals
Cape Breton County	2,184	950	2,060	5,194
Richmond County		1,200	230	1,430
Inverness County		740	889	1,629
Victoria County	272	1,021	221	1,514
	<hr/> 2,456	<hr/> 3,911	<hr/> 3,400	<hr/> 9,767

It is a safe estimate to state that more than 95% of the school children in rural and urban districts are vaccinated.

The figures covering immunization in this report are those for which the staff of this Health Unit provided assistance.

### Tuberculosis

Our work toward the control of this disease has further expanded during the past year.

The programme may be divided into four phases.

**1st. Clinic Service.** This, as in past years, has been a travelling service where particular attention is given contacts of the known tuberculous, where old cases are re-examined and patients referred by physicians are seen. Reports of findings are submitted to the family physicians and summaries of the clinic work sent to the Medical Health Officers.

Sixty-three and one-half ( $63\frac{1}{2}$ ) days were spent in attendance at tuberculosis clinics.

**Table I**

#### Summary of Clinic Work in the Field and Office

Examinations	1st Exams.	Re-Exams.	Total
Physical Examinations.....	486	786	1272
X-Rays Interpreted.....	728	934	1662
Fluoroscopic Examinations.....	495	410	905
Total Examinatons.....	<hr/> 1709	<hr/> 2130	<hr/> 3839
Tbn. Tested Attending Clinic....	889	290	1179

Analysis of the findings among those examined for the first time is as follows:—



**Table II****Analysis of New Cases Attending Clinic**

Diagnosis	History of Contact		No Hist'y of Contact		Totals	
	No.	%	No.	%	No.	%
Negative.....	450	59.2%	227	66.7%	677	61.6%
Suspected Tb.....	25	3.2%	18	5.3%	43	3.9%
Primary Tb.....	150	19.8%	34	10%	184	16.7%
Adult Tb.....	135	17.8%	61	18%	196	17.8%
Totals.....	760	100%	340	100%	1100	100%
			1* case of tbc.		1*	
			Bronchitis			
			341*		1101	

It will be noted that of all first examinations, 69% gave a history of tuberculosis contact.

**Table III****Analysis of New Cases of Adult Tuberculosis Found in Clinic Service.**

Diagnosis	History of Contact		No Hist'y of Contact		Totals	
	No.	%	No.	%	No.	%
Minimal.....	76	55.8%	28	45.9%	104	53.1%
Moderately Advanced	37	27.9%	23	37.7%	60	30.6%
Far Advanced.....	22	16.3%	10	16.4%	32	16.3%
Totals.....	135	100%	61	100%	196	100%

The value of devoting time to contacts of known tuberculosis is shown in the high percentage of minimal cases discovered.

Comparing the results of the last three years, a very satisfactory trend toward early diagnosis is evident.

**Table IV****Analysis of New Cases of Pulmonary Tb. Found in Clinic Service (1938-1940)**

Year	Minimal		Mod. Avd.		Far Advanced		Totals		% of New Exams. with Significant Tb.
	No.	%	No.	%	No.	%	No.	%	
1938	58	32%	58	31%	67	37%	183	100%	13.9%
1939	70	51.1%	43	31.4%	24	17.5%	137	100%	14.0%
1940	104	53.1%	60	30.6%	32	16.3%	196	100%	17.8%

Three promising trends are observed.  
1st. Earlier diagnosis.



2nd. A decrease in the advanced cases.

3rd. The search for tuberculosis is more productive.

■

In explanation, aside from the value of education of the public, much credit must be given to the value of tuberculin testing and the use of the portable x-ray in rural districts. By concentrating our efforts on positive tuberculin reactors, more early tuberculosis will be found. During the year, 1068 films were taken with the portable X-ray and of these, 742 or 68.6% were x-rayed for the first time. It is worthy of note that more than 90% of these films were taken on people who would have had great difficulty in obtaining an x-ray.

**2nd. Tuberculosis Surveys.** The Patch Tuberculin Test has, as previously mentioned, provided us with a practical means of determining who, in the general population, require x-ray of the chest.

Through the year several groups were Tuberculin tested. A summary follows of the groups tested with the findings.

**Table V**  
**Group Tuberculin Testing**

Group	Tbn. Negative No.	%	Tbn. Positive No.	%	Total No.
High School Students.....	2814	67.7%	1342	32.3%	4156
Teachers.....	149	48.7%	157	51.3%	306
Institutions for Insane(2)	42	11.4%	328	88.6%	370
Staff of Institution (1).....	0	—	14	100%	14
Indians (Barra Head).....	117	56.8%	89	43.2%	206
Totals.....	3122	61.7%	1930	38.3%	5052

An endeavor was made to have all positive reactors x-rayed or fluoroscoped. Much credit devolves on the various Tuberculosis Seal Sale Committees in the urban districts who assumed the responsibility of financing the x-ray plates for the High School children.

Of the 1930 positive reactors, 1868 or 96.8% were x-rayed. The results are as follows:



Table VI  
Results of X-Raying Positive Tuberculin Reactors  
(1868)

Group	Negative		Calcification		Suspect Tb.		Minimal		Mod. Adv.		Far Adv.		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
High Schools.....	783	60.5%	459	35.9%	30	2.3%	16	1%	4	.5%	1	.2%	1293
Teachers.....	101	69.7%	36	24.8%	1	.7%	4	2.8%	3	2.0%	0		145
Institutions													
for Insane.....	196	60.3%	68	20.9%	2	.7%	29	8.9%	22	6.6%	8	2.6%	325
Staff.....	22	91.7%	1	4.2%	0		1	4.1%					24
Indians.....	50	61.7%	23	28.4%	1	1.2%	6	7.4%	1	1.3%	0		81
Totals.....	1152	61.7%	587	31.4%	34	1.8%	56	3%	30	1.6%	9	0.5%	1868



**3. Other Sources of Information.** A system has been developed whereby we believe we obtain information in practically every case of pulmonary tuberculosis diagnosed by physicians.

During the past year we obtained the following diagnoses from these sources:—

**Table VII**

Minimal		Moderately Advanced		Far Advanced		Total
No.	%	No.	%	No.	%	
40	39.6%	23	22.8%	38	37.6%	101

We term the adult form of the disease, significant tuberculosis. A reasonably accurate picture of the tuberculosis morbidity, (new cases), is as follows:—

**Table VIII****Summary of New Significant Tuberculosis**

Source	Minimal		Mod. Advanced		Far Advanced		Total
	No.	%	No.	%	No.	%	
Clinic Service....	104	53.1%	60	30.6%	32	16.3%	196
Tbn. Surveys....	56	58.9%	30	31.6%	9	9.5%	95
Other Sources..	40	39.6%	23	22.8%	38	37.6%	101
Totals.....	200	51.0%	113	28.9%	79	20.1%	392
				Tbc. Bronchitis			3
							395

Not all these cases required treatment, but all require observation. Two important points are to be noted:

1. The improved percentage of minimal cases in the whole group, and,

2. Proof of the well known fact that the early diagnosis of tuberculosis depends on a continuous search among the apparently healthy population. To establish this point, compare percentages in table viii where "other sources" is actually patients going to the family physician because of symptoms.

**4. Treatment:** The diagnosis of pulmonary tuberculosis without facilities for treatment, when indicated, does not lead to control of the disease, for early disease without treatment advances in the lungs until the patient becomes a spreader of germs and advanced cases remain a menace to their intimate contacts because of positive sputum. Easily available beds for treatment of tuberculosis are necessary to complete the picture of a progressive programme to control tuberculosis.

In October 1940, the Tuberculosis Unit of the Glace Bay General Hospital was opened. This institution is equipped



for the usual types of treatment of tuberculosis including minor surgery and is served by a part-time medical staff.

In this Health Unit we now have 138 beds for the treatment of tuberculosis or 2.2 beds for each death from pulmonary tuberculosis in the Island, (1938). Actually more beds are available since patients may be sent to St. Martha's Tuberculosis Unit in Antigonish.

These beds for treatment are continuously occupied. Collapse therapy is widely employed in the form of pneumothorax and phrenic nerve operations. Patients are transferred to the Nova Scotia Sanatorium for thoracoplasty and pneumolysis. While it will be necessary and desirable to continue sending patients to the Sanatorium for thoracoplasty for some time, there is a real necessity for facilities to do pneumolysis locally. We hope this problem will be solved during the coming year. Dr. V. D. Schaffner was good enough to visit the district during the past year and performed fifteen (15) such operations. His visit stimulated local interest in the procedure and the patients were saved the long trip to and from Kentville. From an economic as well as a practical standpoint, this procedure must be done locally.

Supervision of treatment of the patients in the Tuberculosis Units is part of the duties of this office. To accomplish this, consultation is held with the Medical Staffs of the two Tuberculosis Units on an average of every two weeks. Patients' conditions are studied and detailed treatment decided, the details are then carried out by the staff.

A summary of the work in Tuberculosis Units is as follows:

(Figures for St. Mary's Tuberculosis Unit, Inverness, not available.)

	Admissions	Re-Admissions	Discharges	Died
M.	64	9	37	10
F.	89	9	67	14
Totals	153	18	104	24

#### Treatment

Pneumo- thorax Attempt- ed	Oper- able	Pneumo. In Pts.	Operations Out Pts.	Total	Phrenic Nerve Opera- tions	Pneu- molysis Opera- tions	Transferr- ed For Thoraco- plasty
77	60	2035	1854	3889	14	13	7

10 other phrenic nerve operations were performed on patients outside Tuberculosis Units.



The public, the profession and the Municipal Governments, are all vitally interested in tuberculosis control and show their interest in a practical manner. Our thanks for the close co-operation of all concerned is very sincere, for without it a satisfactory programme is not possible.

**Veneral Diseases**

**Syphilis:** 92 cases have been reported by Health Officers. On the other hand, 493 positive Kahn test reports have received from the Laboratory. Of these, 431 are first examinations in our records and 62 are re-examinations. It is disappointing to note that not all hospitals are taking advantage of the laboratory service for this diagnostic measure.

Treatment of syphilis cannot be regarded as on a satisfactory basis. There is only one clinic in the whole district and transportation for residents outside of Sydney becomes a major problem for those who should attend, consequently treatments are at the best irregular. Practicing physicians complain of inability to follow up the patients, who frequently discontinue treatment when symptoms disappear. It is hoped that this major problem will be completely reviewed.

**Gonorrhoea:** 186 cases of gonorrhoea were reported by Health Officers. The use of daganan and sulphanilimide in the treatment of this disease, has greatly reduced the time factor and improved greatly the results. Much remains to be done, however, in searching out sources of infection. This side of the problem should be reviewed with the local authorities as it is largely a matter of implementing existing legislation.

**Sanitation**

Mr. Allister Grant, C. S. I., Sanitary Inspector for the Health Unit, has submitted a detailed report of his work. Due to space limitations, a summary is submitted.

The majority of time was spent on sanitary control of milk supply. In the endeavor to improve the sanitary quality of milk, inspections of dairy farms and pasteurizing plants were performed and samples of milk taken for bacteriological and other examinations.

**Inspections**

Inspections of Dairy Farms.....	334
Inspections of Pasteurizing Plants.....	286
	<hr/>
Total Inspections.....	620
Follow up Visits to Pasteurizing Plants.....	557
Total Visits.....	1177



The average score for dairy farms was 74.8 as compared with 72.8 for 1939. The average score for pasteurizing plants was 86.5 as compared with 85 for 1939.

One hundred and fifty-six (156) samples of raw milk as received by the pasteurizing plants were submitted for examination to the Provincial Laboratory. 46.1% of these did not fulfill the requirements of the Public Health Act as compared with 64.7% in 1939.

Two hundred and seventy-three, (273) samples of milk were collected following pasteurization. Of these 64.4% were unsatisfactory because of excessive bacterial count, contamination after pasteurization or under pasteurization. This shows improvement over 1939 when 71.5% of samples were unsatisfactory.

Such improvement as noted is due entirely to education and co-operation, since no town in this district has a set of regulations governing the production and sale of milk. We believe this condition will be remedied during the coming year.

Two new pasteurizing plants have opened in The Cape Breton County district, and a third is being equipped. At present there are eight pasteurizing plants in the district.

There has been improvement in equipment in practically all plants. The interest in producing milk of high quality has materially increased.

**Water:** More work was done with water supplies than in the previous year. A survey of the Port Morien district in which fifty-eight wells were inspected revealed that 84% of the 82 samples taken were unsatisfactory. Each well owner was written and given appropriate recommendations.

The Town of North Sydney promptly installed a chlorinator for its water supply when its unsafe condition was drawn to attention. At present the water supplies of North Sydney, Sydney Mines (from North Sydney) and New Waterford, are chlorinated. The bacteriological examination of the water supplies of Sydney and Glace Bay indicate the necessity for chlorination of these supplies.

**General:** Several surveys of minor importance were carried out at the request of local bodies during the year.

### **Travelling Dental Clinics**

The demand for dental services in the present year was greater than last year, the first the dental trailer functioned.



With an increased demand we were faced with depletion of available professional dental services due to the number of enlistments. The result has been a great deal of disappointment in rural districts where the "trailer" could not fulfill its schedule. The local interest is the better appreciated, as is the sense of keen disappointment, when it is remembered that the local funds required for the service are raised through organized effort, through card parties, bazaars, etc.

### Summary of Demand for Service of "Dental Trailer"

—According to Counties—

	Applica- tions fulfilled	Applica- tions not fulfilled	Total applica- tions	Enrolled Children to be treaed	Children not treated	Total
Victoria Co.....	0	16	16		328	328
Inverness Co.....	16	11	27	432	313+	745+
Richmond Co.....	0	4	4		97	97
	16	31	47	432	738+	1170+

(Port Hood School not completed.)

### General Remarks

During the year several teachers applying for pension were examined and reports covering findings forwarded to you.

Several Humane Institutions were again inspected and reports forwarded.

During the year I was privileged to attend the meeting of The Canadian Tuberculosis Association in Montreal. A symposium on "Tuberculosis Control in Nova Scotia" was presented toward which I contributed a paper, "Field Services for the Control of Tuberculosis". The meeting was most interesting and much information was gained.

A Nurses' Conference, including all nurses of The Department, was held in Halifax. It was a great pleasure to attend it. Its success is best measured by the improved understanding and work which resulted.

The A. R. P. (Air Raid Precautions) organization has continued to function. This office has been responsible for distributing supplies and has aided local communities with their problems when possible.

I desire to convey to the Honourable Minister and your-



self Sir, my sincere appreciation for your ever present guidance and interest in regard to the progress of the work.

Finally I wish to express thanks to the many organized groups throughout the Health Unit who have assisted in many devious ways in the development of the Public Health programme. To the staff of this office, the nurses in this district and the Sanitary Inspector, I wish to express my deep gratitude for their loyal support during the year.

Respectfully submitted,

C. J. W. BECKWITH, M.D., D.P.H.,

Divisional Medical Health Officer.

Sydney, N. S.,  
November 30, 1940.

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## REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

*To the Chief Health Officer:*

I beg to submit my report for the fiscal year ending November 30th, 1940.

This new division is made up of the three counties, Cumberland, Pictou and Antigonish, extending along Northumberland Strait from the Bay of Fundy to the Strait of Canso. Total population, according to the 1931 census, was 85,457. The personnel in this new territory will consist of one full time Divisional Medical Health Officer, fourteen part time Health Officers, and three full time Public Health Nurses.

Because of unforeseen circumstances in connection with the examination of British Guest Children and the diphtheria outbreak in Halifax, it was deemed advisable to have headquarters in that city from the time of my appointment from August 1, 1940 up until December 16, 1940. On the latter date a divisional office was actually established at Pictou. In the intervals between medical services for the British Guest Children and toxoiding, etc. at the Dalhousie clinic, regular public health work was carried out in the three counties comprising the district.

### Communicable Diseases

**Diphtheria:** When it was definitely ascertained that the incidence of diphtheria in Halifax was assuming unusual proportions a circular letter was sent to all the health officers



advising them as to the exact nature of the outbreak, the danger of rapid spread in the unimmunized population and the advisability of toxoiding all pre-school and common school children. The response to this was immediate and whole hearted. Clinics were started at once in schools, halls and private offices. Schick testing and toxoiding were carried out on a very large scale. Biologicals for clinic work were supplied free of charge by the Department of Health. All comers were immunized, those able, paying a reduced fee. Thus, at no little personal inconvenience, and for slight remuneration, the local physicians protected a huge number of children and many adults against diphtheria. Besides this, a considerable number of patients were done privately by the doctors in their offices.

The result of this splendid effort was that in spite of numerous opportunities for spread of the infection through contact, there were only six cases of diphtheria reported in this whole district during the year ending November 30th, 1940.

Because my services were requisitioned for toxoiding in Halifax during the greater part of the outbreak, little material assistance was rendered in the district. From time to time, however, most of the health officers and many of the physicians were contacted personally in connection with the work.

The three nurses in the territory were instructed to put themselves at the Medical Health Officer's assistance. A great deal of their time was spent in organization, rounding up of pre-school and school children, assisting doctors at the school clinics and keeping records. Much of the success of the work was due to their efforts.

Diphtheria Biologicals distributed to the district:  
Schick Testing Toxin: 256 Packages-enough for 6,400 tests.  
Toxoid: 23,658 c. c.-enough for 11,829 children.  
Dilute Toxoid: 260 c. c.-enough for about 170 adults.

Final statistics on the number, age distributions, etc. of those schick tested and toxoided will not be available for some time. Likewise the statistics on diphtheria biologicals distributed are incomplete and represent only a part of the amount that will eventually be given out. Toxoid clinics will probably not be completed in most of the communities until about the end of January.

**Chicken Pox:** 45 cases reported.

**Scarlet Fever:** 10 cases reported. Very little scarlet fever immunization was carried out. In view of the marked reduction in morbidity amongst those actively immunized and the sometimes serious sequelae of the disease, more consideration should be given to immunization.



**Whooping Cough:** 2 cases reported. This, like a great deal of communicable disease reporting, probably does not represent the true incidence. Considering the high mortality associated with this disease amongst infants, more attention should be given to active immunization at an early age.

**Typhoid Fever:** Three cases reported. Two of these cases with one death, occurred since my appointment. In one case the carrier was located and instructed in the proper sanitary precautions. Age precluded any operative procedure. The other case is still under investigation. The instance of typhoid is quite low, yet in view of the very poor water supply in so many communities it represents a considerable danger of a serious water-borne epidemic.

**Venereal Diseases:** There have been five cases of gonorrhoea and four cases of syphilis reported. The natural difficulties one meets with in combating these diseases are enhanced by ignorance, fear, prejudice and human nature. A most determined and continued effort on the part of the Health Officer working in co-operation with the local physician is necessary to produce any worthwhile results. There have been two V.D. clinics operating in Amherst and New Glasgow for about the last twenty years, the former is at present under the direction of Dr. Drury; the latter under Dr. Ballem. The chief purpose of these clinics is to render non-infectious persons who are unable to pay and who would otherwise continue to spread the disease.

**Influenza:** 134 cases reported. This is only a token record of the actual number of cases. Fortunately the disease was mild in nature and only a small number went on to broncho-pneumonia.

**Pneumonia:** 2 cases reported.

**Mumps:** 1 case reported.

**Meningococcal Meningitis:** 1 case reported.

**Measles:** 40 cases reported. In connection with this disease it might be noted that too little use is made of adult whole blood as a prophylactic or to modify the disease amongst certain young contacts. The very favorable results obtained by this simple procedure in the cases of very young or debilitated children warrant a far more extensive use.

Tuberculosis clinics have been held in Cumberland and Antigonish counties. In all twelve and a half days were spent on actual clinic work. Many individual patients were examined at the request of physicians in the interval between clinics.



The total tuberculosis work carried out in this division from August 1, 1940 to November 30, 1940 is as follows:

	Antigonish	Cumberland	Total
Physical Examinations	77	199	276
X-ray Examinations	85	185	270
Fluoroscopic Examinations	71	23	94
Tuberculin Tests	406	60	466

Table I

New Cases Analysed According to Contact, Diagnosis and Sputum

Antigonish & Cumberland, Aug. 1st-Nov. 30, 1940

Counties	No. of Patients Examined Contacts	Non-contacts	Tubercu- losis	Non Tbc	Sus- pected Tbc	Posit- ive Sputum Cases
Antigonish	29	26	11	38	6	1
Cumberland	69	53	17	96	9	8
Totals	98	79	28	134	15	9
		177				

Table II

New Cases of Tuberculosis Analysed According to Stage of Disease

Antigonish & Cumberland August 1-Nov. 30, 1940

Diagnoses	Antigonish	Cumberland	Total No.	%
Minimal	5	7	12	43
Moderately Advanced	2	3	5	18
Far Advanced	4	7	11	39
Total	11	17	28	100

### Tuberculosis Surveys:

During the past year the high school students of Antigonish were tuberculin tested and the positive reactors x-rayed.

A rather large Tuberculosis survey was carried out on the Professors, students and staff of St. F. X. University. All positive reactors were x-rayed. The success of this survey was due in great part to the efforts of Dr. T. B. Murphy and the co-operation of the professorial staff of St. F. X.



In this survey, 406 patch tests were carried out; of these 140 or 34.5% were positive. 116 of those with positive patch tests were x-rayed.

A small survey was carried out at Bethany, Mother House of the Sisters of St. Martha's. Twenty-one patients were patch tested. Of the ten positive reactors 9 were x-rayed.

### Supervision of Tuberculosis Units

#### Highland View Tb. Unit:

Because of immediate and pressing problems only one visit was made to the Unit between August 1st, and November 30th, 1940. The patients in this excellent sixteen bed institution are under the competent care of Drs. Drury and Price.

Statistics for the fiscal year:

	Male	Female	Total
Admissions.....	16	14	30
Readmissions.....	3	....	3
Discharges.....	12	10	22
Deaths.....	4	4	8
Diagnosis on Admission (new cases):			
Minimal.....	1	2	3
Mod. Advanced.....	4	3	7
Far Advanced.....	11	9	20
Condition on Discharge:			
Improved.....	7	6	13
Unchanged.....	5	4	9
Pneumothorax Operations on "in" patients....		5	
Pneumothorax Operations on "out" patients....		16	

#### St. Martha's Tb. Unit:

Two visits were made to the Unit. The fifty beds in this very completely equipped institution are in constant demand by patients in Cape Breton as well as those from Antigonish, Pictou, Guysboro Counties. The patients are under the care of Drs. McIsaac, Carroll and Murphy. The marked success and reputation enjoyed by this institution are due to their untiring efforts, capably seconded by the Sisters and Nursing staff.

Statistics for the fiscal year:

	Male	Female	Total
Admissions.....	26	23	49
Readmissions.....	3	10	13
Discharges (including deaths).....	30	37	67
Deaths.....	10	11	21
Diagnosis on Admissions (new cases):			
Minimal.....	1	1	2
Mod. Advanced	1	4	5
Far advanced....	21	17	38



	Male	Female	Total
Suspected Tb.	1	1	2
Primary Tb.....	1	0	1
Silicosis.....	1	0	1
Condition on Discharge:			
Improved.....	7	11	18
Unimproved.....	3	4	7
Apparently			
Arrested.....	10	11	21
Dead.....	10	11	21
No. of Pneumothoraces at-			
tempted.....	5	7	12
No. of Pneumothorax operations:			
"in" patients	244		
"out" patients	17		
No. of phrenic interruptions:	10 (all female)		
No. of patients transferred to Nova Scotia Sanatorium for:			
Thoracoplasty	2		
Pneumolysis	1		
Observation	2		

### Sanitation:

There is much to be done in this field. The majority of the larger communities show pollution of their water supply at frequent intervals throughout the year. Little has been done to remedy this in spite of the highly critical reports by Federal and Provincial Sanitary Engineers and local Health Officers.

The environmental prerequisites for a water-borne epidemic are adequately fulfilled in many places. The only additional factor needed is the presence of a case or carrier of one of the many waterborne diseases; as typhoid, paratyphoid, dysentery etc. This factor was nearly supplied in the case of one town where a typhoid carrier was found polluting the watershed. One patient living outside of town died with typhoid after using water from a stream which ran by the carrier's home. This stream actually contributed to the town water supply. Fortunately the organism died out before it reached the town. Distance and the relatively slow flow of water saved the community a serious outbreak of typhoid.

### Milk:

In spite of the universal advocacy of pasteurization and its economic feasibility in any community of 1000 population or over, little has been done in this respect. The diseases carried by milk are as numerous as they are well known. The only procedure which will render milk safe without destroying its food value is pasteurization.

This division owes much to the Nova Scotia Tuberculosis Commission for their grant of \$200.00 to be used for x-ray indigent contacts as well as for their financial aid (\$250.00) to the fluoroscopic department of St. Martha's Tb. Unit.

The various religious denominations of Antigonish have co-operated splendidly to help outfit the new pneumothorax room at St. Martha's Tb. Unit.

The local Tuberculosis Seal sale committees have given extensive financial help towards the x-raying of indigent contacts in the various towns. Their aids in this, the most important of all preventive procedures, justifies the great confidence and support they receive from the public.

I should like to express my appreciation for the marked co-operation I have received from the physicians of this district. Those, who as Health Officers, give so much of their time to toxoiding in addition to their other duties are particularly deserving of the gratitude of the whole community.

To the nurses and clerks who worked so hard and loyally—my sincere thanks. The municipal and town authorities have, as always, shown their interest and whole hearted co-operation in the work of this department. The town of Pictou did a particularly fine piece of work in fitting out the new office for this division. To the people of this community I extend my sincerest appreciation.

I wish to express my thanks to the Honorable Minister and yourself for your aid in my recent post graduate course at Toronto, Detroit and Kentucky and for your guidance since my return.

Finally to Doctors MacRitchie and Beckwith I owe a great deal for their advice and assistance in taking over the work of this new division.

Respectfully submitted,

G. GRAHAM SIMMS, M.D., D.P.H.,  
Divisional Medical Health Officer.

Pictou, N. S.,  
November 30th, 1940.

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## REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

*To the Chief Health Officer:*

I beg to submit my report for the fiscal year ending November 30, 1940.



This report covers the work done since the organization of a new Health Division, comprising Colchester, Hants, Kings, Annapolis and half of Digby County, namely, the Municipality of Digby. This Division has its headquarters at Windsor, Hants County. Since my appointment as Divisional Medical Health Officer and the creation of this new Health Division in August, 1940, my work has included mainly, organization of work throughout the Division, the organization of the Divisional office at Windsor, promotion of diphtheria toxoiding campaigns throughout this Division, and tuberculosis case-finding clinics. Certain other problems of a public health nature were dealt with. These all will be described briefly in the paragraphs to follow.

### **Organization:**

A great deal of the time since the creation of this Division has been spent on the organization of work throughout the Division and the organization of office routine at the Divisional office in Windsor. We are now completely equipped as to office equipment and staff, and have office routine working efficiently.

Two new Public Health Nurses have been appointed to this Division—one for Hants County and one for Kings. This makes in all four Public Health Nurses. Of the remaining two nurses, one is located in Colchester County and the other one Annapolis and Digby Counties. Our nurses are efficient and well trained.

The public health nursing service in Hants and Kings was formerly carried on by one nurse only. With the appointment of a nurse for each county we shall be able to do greatly improved work. There is as yet only one nurse available for Digby and Annapolis Counties—this of a necessity forces this nurse to spread her time thinly over the two counties. If an additional nurse could be obtained for one of these counties it would improve the public health nursing in this area, giving the nurses a chance to do a more complete service.

At the Windsor office is carried a supply of biological products which are supplied at cost price to physicians. Certain of these products are given free to physicians for persons who are unable to pay the ordinary fees for their administration; these products are namely, those which tend to prevent disease, small-pox vaccine, diphtheria toxoid, typhoid vaccine and scarlet fever toxin. Physicians have shown a great appreciation for this service.

### **Diphtheria Immunization:**

Coincident with an outbreak of diphtheria in Halifax,



along with scattered cases within this Division, diphtheria immunization clinics were organized throughout this Division with marked success. The complete returns for the immunizations being carried out at present are not on hand. When an accurate count of total immunizations done throughout the Division is made this will be presented in a subsequent report. However, a preliminary report shows that over 90% of the school population within Hants County, has been immunized along with a great number of the pre-school children and infants. Up to the end of the fiscal year there was distributed from the Windsor office enough diphtheria toxoid to complete the immunization of over 7,000 individuals. This amount of toxoid was not the only toxoid distributed within the Division. A large amount was also distributed from the Halifax office.

The policy of the Department of Public Health, with regard to these large number of diphtheria immunizations, is that it will supply diphtheria toxoid and schick test material free to any physician immunizing groups of individuals who will agree to do the work at reduced fees and absorb those unable to pay the small fee charged, within a community. This plan was a success and clinics were organized in a large number of the schools throughout this Division. Pre-school children and infants were brought in to these clinics and were immunized along with the school children. Of the amount of toxoid spoken of in the previous paragraph, practically all of it was distributed free.

Diphtheria immunizations have only been carried on in a few areas during the past in this Division. But now, with the completion of the present clinics, we can say that we are fairly well protected against any outbreak of diphtheria of any size, that is, with the exception of the possibility of scattered cases in those still unimmunized.

We are not letting our campaign against diphtheria drop with the completion of the present immunizations. We are attempting to educate the public to immunize their children in their infancy and to re-immunize them before the start their school careers.

In all there were the following cases of diphtheria within this Division from August 1st until November 30th.

Digby County.....	2
Annapolis County.....	2
Kings County.....	1
Hants County.....	5

### **Tuberculosis:**

We have made a start on the conduct of regular tuberculosis case finding clinics which have been greatly aided in



efficiency by the provision of a portable X-Ray machine by the Department of Public Health. We propose to conduct regular clinics, at suitable intervals, throughout the whole Division.

Up to the end of the fiscal year 155 patients had been examined at clinics.

Following is a report on these patients, of whom 83 were old patients and 72 new patients:

**Old Cases:**

Pulmonary Tuberculosis—active.....	9
—inactive.....	27
Non-Pulmonary Tuberculosis—active.....	1
Suspected Pulmonary Tuberculosis.....	2
Non-tuberculous.....	44
	—
Total.....	83
	—
Old contacts re-examined.....	53

**New Cases:**

A. Reinfection type—Pulmonary Tuberculosis	
1. Minimal —active.....	4
—inactive.....	2
2. Moderately advanced —active.....	0
—inactive.....	0
3. Far advanced —active.....	1
—inactive.....	0
	—
	7
	—
B. Primary Infection type—Pulmonary Tuberculosis	
1. Parenchymal—inactive.....	1
2. Tracheo-Bronchial—inactive.....	7
C. Pleurisy with effusion—inactive.....	2
D. Suspects.....	5
E. Non-tuberculous.....	50
	—
	65
	—
F. Number who were new Contacts active.....	5
—inactive.....	31

While the numbers are statistically not significant, I would like to draw attention to the new cases examined, 72 in all. Of these 72, 36 or half, were contacts of open cases of tuberculosis and of these contacts 5 were found who had active tuberculosis. In the remaining 36 new patients, not contacts, 2 were discovered with inactive Pulmonary Tuberculosis, minimal in extent.

**Typhoid Fever:**

Four cases of Typhoid Fever occurred within this Division since its organization, constituting three separate outbreaks. These cases were investigated and a search made for the source of infection. One suspected carrier has been found who is believed was the source of infection for one of the cases. This has not been definitely established but work is still going on in an attempt to establish the status of this suspected carrier. Two of the cases of Typhoid Fever definitely had a common source. The source of infection in these two cases has not as yet been determined. The fourth case is being investigated at the present time. In this case also no carrier or source has as yet been uncovered.

**Diphtheria:**

In all there were 10 cases of Diphtheria reported in this Division. A number of these cases were investigated and control measures successfully instituted to guard against further spread of the infection.

**Sanitation:**

Certain sanitary problems have arisen, including conditions of camps for civilian construction workers in the Debert Military Area. These camps have been inspected regularly and are now complying with the regulations governing such camps, as laid down by the Department of Public Health.

Inspections were also carried out on other sanitary problems—for example, slaughter houses, ice supplies, etc.

An inspection was carried out of all the producers selling milk in one of the towns in this Division. Conditions found were only fair but these have been improved greatly since the inspection which included instructions to the producers on the production of cleaner milk.

Additional milk surveys are planned in the coming year for other towns within the Division. These surveys, when made, will be reported on in a subsequent report.

**Public Health Education:**

In all seven public addresses have been delivered on matters concerning the Public Health, to service clubs, parent-teacher associations and teachers' institutes. These organizations have shown a fine co-operation in certain Public Health matters, especially in helping organize diphtheria immunization clinics.



In conclusion, may I express my appreciation for the assistance and support given me by the Honourable Minister of Health, by the Chief Health Officer and all other members of the "Department" since my appointment.

Respectfully submitted,

E. L. EAGLES, M.D., C.M., D.P.H.,  
Divisional Medical Health Officer.

Windsor, N. S.,  
November 30th, 1940.

### REPORT OF DIRECTOR OF PUBLIC HEALTH LABORATORY

*To the Chief Health Officer:*

During the fiscal year ending November 30, 1940, a total of 100,023 examinations was made and reported upon by the staff of the Public Health Laboratory. This is an increase of 21,164 specimens or 26.8 per cent above the work carried out during the preceding year. The increasing demand for diagnostic laboratory service is shown in the following table covering the last five years:

In 1936—number of specimens examined.....	44,892.
1937—number of specimens examined.....	51,720.
1938—number of specimens examined.....	65,417.
1939—number of specimens examined.....	78,859.
1940—number of specimens examined.....	100,023.

The specimens reported upon have been classified under the following headings:

#### **Venereal Disease**

##### Kahn tests for Syphilis.

Positive.....	1789
Negative.....	15572
Unsatisfactory.....	557

##### Eagle tests for Syphilis

Positive.....	2069
Negative.....	14082
Doubtful.....	280

##### Hinton tests for Syphilis

Positive.....	1459
Negative.....	1607
Doubtful.....	95

##### Dark Field Examinations

Positive.....	34
Negative.....	46

Smears of pus for Gonococci	
Positive.....	3440
Negative.....	7322

Eye smears for Gonococci	
Positive.....	116
Negative.....	91

### **Tuberculosis**

Sputum for Tubercle bacilli	
Positive.....	1948
Negative.....	6942
Unsatisfactory.....	10

Urine for Tubercle bacilli	
Positive.....	53
Negative.....	629

Pleural fluid and pus, etc.	
Positive.....	26
Negative.....	287

Cultures for Tubercle bacilli	
Positive.....	24
Negative.....	139
Contaminated.....	30

### **Spinal Fluid**

Routine examination.....	539
Colloidal curve.....	398
Kahn tests:	
Positive.....	60
Negative.....	390

### **Enteric and Undulant Fevers**

#### Blood agglutinations

B. typhosus	Positive.....	14
	Negative.....	353
B. paratyphosus A.	Positive.....	0
	Negative.....	367
B. paratyphosus B.	Positive.....	11
	Negative.....	356
Br. abortus	Positive.....	8
	Negative.....	953



Br. melitensis	Positive.....	5
	Negative.....	956
B. proteus X. 19	Positive.....	0
	Negative.....	367
Cows' Bloods for Br. abortus	Positive.....	47
	Negative.....	403
Faeces for Typhoid, etc.	Positive.....	183
	Negative.....	1055
Urine for Typhoid, etc.	Positive.....	27
	Negative.....	458
Faeces for Dysentery	Positive.....	13
	Negative.....	35
Blood cultures for Typhoid, etc.	Positive.....	20
	Negative.....	180

### Diphtheria and Scarlet Fever

Throat swabs for Diphtheria	Positive.....	938
	Negative.....	13,564
Haemolytic Streptococci.....		1024
Borrelia Vincenti.....		80

### Water

Standard Plate Count.....	2681
Coliform examination.....	3926
Chemical examination.....	1137
Special examination.....	26

### Milk, Cream and Ice Cream

Standard Plate Count.....	6214
Coliform examination.....	1873
Phosphatase test.....	1760
Butter fat.....	493
Special examinations.....	87

**Miscellaneous.....** 372

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Total Number of Specimens Examined 100,023

There has been a marked increase in venereal disease examinations, throat cultures, milk and water examinations;

very little change in anti-tuberculosis activities and a decrease in the number of stool and urine examinations for typhoid control. On re-grouping the various laboratory activities, it has been found that those directed toward the control of:

(a)	venereal disease, accounted for.....	48.5%
(b)	tuberculosis, accounted for.....	10.1%
(c)	enteric and undulant fevers.....	5.8%
(d)	diphtheria and scarlet fever.....	15.6%
(e)	milk and dairy products.....	10.4%
(f)	water.....	7.8%
(g)	unclassified.....	2.8%

The Laboratory continues to supply diagnostic outfits to physicians, Public Health nurses and various institutions throughout the province. The number of containers that are lost continues to increase, the loss in the present year being due largely to failure on the part of the armed forces to work out any scheme of distribution to units in the field where many of our outfits became lost because of frequent turnover of personnel. Some scheme should be worked out that would be more convenient and economical than the one in use at present.

The following table shows the number of outfits distributed:

(1)	Vials for blood.....	16,625
(2)	Throat.....	15,847
(3)	Vials for sputum.....	10,607
(4)	Slides for Gonococci.....	9,817
(5)	Outfits for faeces.....	1,857
(6)	Water & Milk.....	9,941
(7)	Dark field outfits.....	142
(8)	Blood culture outfits.....	58

Total number of outfits..... 65,794

The number of specimens examined for the Federal Department of National Defence and of Immigration has increased more rapidly than was anticipated at the outbreak of hostilities. In the past year, some 30,000 examinations were carried out for the Federal Government for which no charge was made and for which no recompense was received, in the form of additional staff or equipment.

During October and November, the laboratory routine was interrupted by an extensive outbreak of diphtheria centering about Halifax. This was the only outbreak of communicable disease in the entire year that required more than the usual routine investigation, but its nature was such that the entire facilities of the Laboratory were taxed to the utmost for



a period of two months with little prospect of early relief at the end of the fiscal year. I wish to express my appreciation of the way in which every member of my staff gave up all holidays and weekends to enable the diagnostic service of the Laboratory to function smoothly and quickly.

All of which is respectfully submitted,

D. J. MacKENZIE, M.D.,  
Director of Laboratories.

Halifax, N. S.  
November 30th, 1940.

### REPORT OF PROVINCIAL PATHOLOGIST

*To the Chief Health Officer:*

Report on TISSUES sectioned and examined at the Provincial Pathological Laboratory, from December 1, 1939 to November 30, 1940.

During the twelve month period, 3,077 specimens of tissues were received, examined and the findings reported. They have been classified as follows:—

Tumours, simple.....	366
Tumours, malignant.....	390
Tumours, suspicious of malignancy.....	19
Other Conditions.....	1985
Tissues from 85 Autopsies.....	317
	<hr/>
	3077

The monthly average for the year was 256.4.

Report of specimens from the Army, Navy and Air-force examined by the Pathological Laboratory from December 1, 1939, to November 30, 1940. A total of 1,218 specimens were examined.

These are classified as follows:—

<b>Army</b> .....	52
Blood films.....	1
Beef culture.....	1
Chemistry.....	1
Contents of stomach of pig.....	1
Discharge from sinus.....	1
Occult Blood.....	10

Parasites.....	1	
Pleural fluid.....	1	
Pronylin Estimation.....	1	
Pus.....	1	
Sputum-pneum. typing.....	1	
Sputum—general examination.....	6	
Smears.....	1	
Urines.....	24	
<b>Guest-Children—urines.....</b>		145
<b>Navy (Canadian).....</b>		18
Blood films.....	1	
Fouchet's Test.....	2	
Icterus Index.....	2	
Occult Blood.....	2	
Pus.....	1	
Sputum-general examination.....	2	
Urines.....	5	
Van den Bergh.....	2	
Vaccine.....	1	
<b>Navy—(British).....</b>		235
<b>H.M.S. Ausonia—Blood Groupings.....</b>	17	
Chem. and Micro. exam of urine.....	1	
<b>H.M.S. Caradoc—Blood Groupings.....</b>	50	
<b>H.M.S. Emerald—Blood Groupings.....</b>	165	
<b>H.M.S. Laconia—Blood films for malarial</b>		
parasites.....	2	
<b>Royal Canadian Air Force.....</b>		768
Blood groupings.....	762	
Fouchet's Test.....	1	
Icterus Index.....	1	
Sugar.....	2	
Urines.....	2	

The above figures are only for the Fiscal Year December 1, 1939, to November 30, 1940, and do not include the blood groupings and other examinations made since the beginning of the war. If these are added the total number is increased to 1,376 specimens. The additional examinations are chiefly blood groupings for H. M. Ships York, Berwick, and Repulse.

**Report of the Pathological Department of the Victoria  
General Hospital for the Year Ending  
November 30, 1940.**

During the year 15,749 specimens were received and reported upon. They have been classified as follows:

<b>Blood.....</b>	8563
Bilirubin, Van den Bergh (Qualitative).....	67
Fouchet's Test.....	130
Icterus Index.....	136



Bleeding Time.....	6
Calcium.....	34
Chlorides.....	16
Cholesterol.....	8
Clot retraction.....	8
Compatibility.....	470
Coagulation Time.....	5
Counts, Full Blood Pictures.....	281
Haemoglobin—alone.....	19
Red and white counts.....	16
Platelet count.....	27
Reticulocyte count.....	52
Schilling.....	570
Films, differential.....	309
Films, malaria.....	4
Films, bone marrow.....	1
Creatinine.....	1,073
Cultures.....	83
Fragility Test.....	9
Grouping.....	1,480
Heterophile Antibody reaction for Infectious Mononucleosis.....	3
Phosphorus.....	21
Phosphatase Activity.....	10
Prothrombin Time.....	3
Sedimentation Rate.....	163
Serum Proteins.....	18
Serum albumen—globulin ratio.....	2
Sodium.....	1
Sulphanilamide and Dagenan estimations....	13
Stains on garments and other substances for human blood.....	22
Sugar.....	1,290
Sugar Tolerance Test.....	18
Urea Nitrogen.....	1,132
Urea Concentration Test.....	3
Uric Acid.....	1,060
Exudates and transudates— General examination and culture.....	189
Bile.....	4
Fluid from knee.....	16
Peritoneal fluid.....	28
Pleural fluid.....	46
Fluid from other sites.....	18
Pus for actinomycosis.....	6
Pus from various sites.....	71
<b>Faeces</b> .....	1,026
Blood (occult).....	814
Bilirubin and urobilin.....	33

Cultures for organisms.....	6	
Fat .....	19	
Microscopic examinations (general).....	25	
Mercury.....	2	
Pancreatic insufficiency.....	2	
Parasites and ova.....	125	
<b>Gastric Contents</b> .....		206
Fractional Test Meals (complete analysis)....	178	
Alcohol.....	14	
Poisons.....	10	
Vomit for alcohol.....	2	
" blood alone.....	1	
" mercury.....	1	
" iodine.....		
<b>Duodenal Contents</b> .....		1
Hair and skin for ringworm and other fungi.....		6
Post-mortem examinations.....		79
<b>Smears</b> .....		30
Conjunctival.....	4	
Urethral.....	1	
Vaginal.....	2	
Other smears.....	23	
<b>Swabs (Bacterial cultures)</b> .....		199
From ear.....	26	
From eye.....	61	
From throat.....	26	
Other swabs.....	86	
<b>Sputa</b> .....		262
Elastic fibres.....	11	
General Examination for organisms.....	181	
Typing for pneumococci.....	69	
Cough plate for B. pertussis.....	1	
Spinal fluid for Dagenan estimation.....	1	3
Pneumococcus typing.....	2	
<b>Tissues</b> .....		3,077
Examination of Transudates (as tissues) for Tumour Cells. (nucleolus-nucleus ratio) ———		23
<b>Urines</b> .....		1,932
Acetone.....	24	



Albumen alone.....	13
Bence Jones Albumosis.....	7
Bile.....	23
Blood (chemical analysis).....	1
Calcium.....	1
Chlorides.....	2
Creatinine.....	1
Creatine.....	1
Cultures.....	40
Cystoscopic from ureters.....	549
Diacetic acid.....	24
Hydrogen Ion Concentration.....	26
Lead.....	9
Routine.....	1,020
Mercury.....	1
Microscopic examination (alone).....	27
Poisons.....	5
Specific gravity test.....	10
Sugar.....	20
Sugar Tolerance Test.....	11
Sulphanilamide and Dagenan estimations.....	1
Trichomonas Hominis.....	1
Urea Concentration test (McLean's).....	21
Urobilin.....	37
Ascheim Zondek Pregnancy test Friedmann's Modification.....	57
<b>Vaccines</b> .....	36
<b>Miscellaneous</b> .....	62
Culture of water from O. R.....	5
Culture of house dust extract.....	1
Culture of grain.....	1
Culture of oil.....	1
Culture of meat.....	1
Calculi (chemical analysis).....	19
Comparison of threads and other materials..	4
Examination of milk for blood.....	1
Poisons—liniment—milk.....	11
Stains on garments for spermatozoa.....	18

From this year's report, the work done by the Interne Staff of the Victoria General Hospital has been excluded, though included in previous years, and thus the total number of examinations performed appears considerably fewer. Actually there has been an increase of 2,809 examinations, which is made up chiefly of an increase in blood groupings for the Forces and urinalysis for Refugee Children.

My Assistant, Dr. Mary C. MacHugh, left in June to be-

come Pathologist to the Hospital for Consumption and Diseases of the Chest, Brompton, London, England. Her position has been taken by Dr. Harold E. Taylor, who has spent the past two years with Professor J. W. T. Blacklock, the Royal Infirmary, Glasgow, Scotland and previously practiced in Port Morien, Nova Scotia.

My Assistants, Miss Whidden and Miss Boylan, continue, as formerly, to give able, loyal and valuable assistance and service.

RALPH P. SMITH, M.D., D.P.H.,

Provincial Pathologist

Halifax, N. S.,  
November 30, 1940.

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### REPORT OF THE SANITARY ENGINEER

*To the Chief Health Officer:*

During 1940 some progress was made in improving the public water supplies of the Province. Milk supplies have also shown a noticeable improvement. Little has been done in connection with sewage disposal, beyond advice given to the Department of National Defence as to camp sanitation and sewage disposal. Much time has been spent, however, in the study of modern methods of sewage disposal.

One convention was attended: that of the Canadian Institute on Sewage and Sanitation. The reason for devoting considerable time to sewage disposal and sewage treatment, when we have no sewage treatments in the province, is that we do not know what problems may face us when the present war is ended. There are, however, already some indications that a mass immigration is at least possible. If Nova Scotia is to accept any large number of new citizens, we may be faced with the problem of constructing many sewage treatment plants in a short space of time, as in some of our communities, increased growth may render our present system of disposal by dilution in harbour waters, entirely inadequate. It therefore ill-behooves us to be caught unprepared.

We now have a complete year's record of the operation of the water filtration plant in Kentville. This is still the only rapid sand filter plant in Nova Scotia. This plant is doing an excellent job in improving the physical properties of Kentville water. It is not, however, showing as great an improvement in the sanitary quality. Some suggestions and recommendations have been made to the town, and further studies will be carried out. Studies already made indicate, but do not prove, that



the trouble may lie in recontamination of the water, after filtration, in the old reservoir, which is now used as a clear water reservoir.

Chlorinators have been installed in Digby, Imperoyal, and North Sydney. That in Digby has occasioned much difficulty, as some coliform organisms have persisted in spite of a high chlorine residual. Studies have been made by this department, by Wallace & Tiernan, manufacturers of the chlorinator, and by the Chlorine Institute. Some advice and help was also given by the Department of Public Health of Ontario. This was greatly appreciated. Following their lead, we find some evidence that the organism found may not be a true coliform bacterium, but a closely related form.

Probably the greatest forward stride in the past fiscal year was the increase of storage on the Leper Brook supply of Truro. For many years, this brook has served as the main water supply of Truro; but as storage was limited, it has often been necessary during dry summers, to pump Salmon River water from an intake in the heart of the town, up to the reservoir. The main supply has been of relatively good quality, although slightly contaminated and a trifle turbid at times; a small dose of chlorine renders this water safe. The increased storage will not only enable the town to cease using the highly polluted and unpleasant Salmon River water, but will in itself improve the quality of the main supply. The increased time of sedimentation should render the water much less turbid, and of better bacterial quality.

The amount of the increased storage is about three months, on the basis of present consumption. It is probable, therefore, that this supply will be adequate for many years. It must not be forgotten, however, that increased population or greater industrial use, may shorten this period.

A table is appended, showing the results of the routine examinations made by the Laboratory of the Public Health, on samples of water from municipal supplies. In several instances the actual reports are somewhat discouraging. There is one feature that should be pointed out, however. In the period 1935-1938, when samples were sent in monthly, there were only two months in which all towns sent in samples. During the past fiscal year, (and also during the calendar year), all towns sent in their samples every half-month. This, of course, bespeaks greater co-operation on behalf of the municipal authorities; but more than that, it indicates a great deal of effort on the part of the Laboratory staff. If the Laboratory had not sent follow-up letters, and urged the importance of these samples being sent in promptly, this perfect record would not have been attained.

The improvement in milk supplies has largely been shown in an increased number of pasteurizing dairies. During the fiscal year, three new dairies entered this field; in addition, six which had been in this field for periods varying from a few weeks, to some years in one case, were added to the list of pasteurizing dairies.

Legislation with regard to pasteurizing plants has been changed somewhat during the past year. All such plants are now required to have each vat equipped with a satisfactory recording thermometer. This requirement has in general been well received by the dairy operators; a few have protested at the extra expense.

It is believed that this provision will make for more careful operation of these plants. It is hoped that this legislation may be applied 100% during the coming year. One difficulty has been, and will probably continue to be, the lack of information in this office as to the pasteurizing plants in operation. In many cases, plants are in operation for some time before this department has any knowledge of their existence.

Of course, if the towns lived up to the requirements of the Public Health Act, and required permits of all dairies selling within the town, there would be no difficulty in finding them. Unfortunately, far more towns neglect this provision than carry it out. In a few towns, complete and up-to-date lists of all dairies are available at the town office; in a few others, partial lists can be found; but in perhaps 75%, no lists whatever are kept.

In several towns, there are moves afoot to improve the milk supply in various ways. In one or two towns where the chief difficulty is the number of small producers who are financially unable to provide needed equipment, the movement is taking the form of proposals for a co-operative dairy. This would very likely result in greatly improved conditions.

In some areas, the Dairy Arbitration Commission has stabilized prices and conditions of production. It is too early to say what effect the work of this Commission will have on milk sanitation; but there are indications in some districts that it will have a beneficial effect. It is known that in some towns, price cutting and the lack of a proper financial return have definitely retarded sanitary progress.

In general, it may be said that work in the field of sanitation progresses slowly. In this Province that is true; but it is progressing, and that surely. It is not probable that we will see any great and startling innovations in the next few



years; yet this is not impossible, particularly if predictions of a great increase of population, following the war, should prove true.

Respectfully submitted,  
R. DONALD McKAY,  
Sanitary Engineer

Halifax, N. S.  
November 30, 1940.

### HALIFAX CITY WATER ANALYSIS—1940

	Lab. Tap			Low Service			High Service		
	20°	37°	B. Coli	20°	37°	B. Coli	20°	37°	B. Coli
Jan.	$\frac{1060}{26}$	$\frac{939}{26}$	3 in 2600	$\frac{443}{26}$	$\frac{481}{26}$	0 in 2600	$\frac{1286}{26}$	$\frac{1468}{26}$	3 in 2600
Feb.	$\frac{652}{25}$	$\frac{434}{25}$	0 in 2500	$\frac{634}{25}$	$\frac{1078}{25}$	0 in 2500	$\frac{1067}{25}$	$\frac{380}{25}$	0 in 2500
Mar.	$\frac{701}{26}$	$\frac{1097}{24}$	0 in 2400	$\frac{461}{26}$	$\frac{480}{26}$	0 in 2600	$\frac{666}{26}$	$\frac{527}{26}$	1 in 2600
Apr.	$\frac{710}{26}$	$\frac{483}{26}$	0 in 2600	$\frac{604}{26}$	$\frac{751}{26}$	0 in 2600	$\frac{635}{26}$	$\frac{1010}{26}$	0 in 2600
May	$\frac{2144}{27}$	$\frac{1331}{27}$	0 in 2700	$\frac{2530}{26}$	$\frac{1168}{26}$	0 in 2600	$\frac{1766}{26}$	$\frac{1024}{26}$	0 in 2600
June	$\frac{2971}{25}$	$\frac{1679}{25}$	0 in 2500	$\frac{1988}{22}$	$\frac{1190}{22}$	0 in 2200	$\frac{1110}{22}$	$\frac{516}{21}$	0 in 2200
July	$\frac{3185}{26}$	$\frac{2647}{26}$	2 in 2600	$\frac{3050}{26}$	$\frac{2554}{26}$	0 in 2600	$\frac{1503}{26}$	$\frac{935}{25}$	0 in 2600
Aug.	$\frac{3331^*}{25}$	$\frac{2144^*}{25}$	4 in 2600	$\frac{5661}{25}$	$\frac{3664}{25}$	1 in 2600	$\frac{1463}{26}$	$\frac{1155}{26}$	0 in 2600
Sept.	$\frac{2462}{24}$	$\frac{2557}{24}$	1 in 2400	$\frac{3177^\dagger}{22}$	$\frac{4845}{23}$	0 in 2300	$\frac{1607}{23}$	$\frac{1206}{23}$	1 in 2300
Oct.	$\frac{1264}{20}$	$\frac{868}{20}$	17 in 2000	$\frac{2277}{15}$	$\frac{733}{15}$	0 in 1500	$\frac{475}{14}$	$\frac{383}{14}$	0 in 1500
Nov.	$\frac{762}{26}$	$\frac{516}{26}$	1 in 2600	$\frac{1914}{26}$	$\frac{701}{26}$	2 in 2600	$\frac{715}{26}$	$\frac{556}{25}$	1 in 2600
Dec.	$\frac{652}{25}$	$\frac{687}{25}$	1 in 2500	$\frac{827}{25}$	$\frac{467}{25}$	0 in 2500	$\frac{735}{25}$	$\frac{481}{25}$	1 in 2500
Totals:	$\frac{19894}{302}$	$\frac{15382}{300}$	29 in 30100cc	$\frac{23566}{290}$	$\frac{18112}{291}$	3 in 29200cc	$\frac{13028}{291}$	$\frac{9641}{288}$	7 in 29200cc
Averages:	66	51	0.096 per 100 cc	81	62	0.0103 per 100cc	45	33	0.024 per 100cc
Combined low services: Totals:	$\frac{43460}{592}$	$\frac{33494}{591}$	32 in 59300 cc						
Averages:	73	57	0.054 per 100 cc.						

\*Lab. tap, Aug. 31: 20°, 7000; 37°, 1600. Not included in tabulation.

†Low service, Sept. 21: 20°, 2000. Not included in tabulation.

RESULTS OF WATER ANALYSES 1940

	Jan. 1-15	Jan. 16-31	Feb. 1-15	Feb. 16-29	Mar. 1-15	Mar. 16-31	Apr. 1-15	Apr. 16-30	May 1-15	May 16-31	Jun. 1-15	Jun. 16-30	Jul. 1-15	Jul. 16-31	Aug. 1-15	Aug. 16-31	Sep. 1-15	Sep. 16-30	Oct. 1-15	Oct. 16-31	Nov. 1-15	Nov. 16-30	Dec. 1-15	Dec. 16-31			
Amherst.....			1	2				1		2	5	4	1		1		2	4	2	2			4	1		Chlorinated	28/118 12/120
Annapolis Royal.....											3	2					3	4									29/118
Antigonish.....					1				2		4				4	2	4	5	3		1	2	2				30/115
Baddeck.....				3		1				1	2	1	5	State	5	4											16/114 21/120
Bear River (Ann).....																											11/119
Bear River (Dig).....		1		1		1	1				1		3	3	1	1	2	3	5	2	1	1	1	1			44/118 19/120 27/120
Birch Grove.....						2		1			1		1		2			3	3	2							2/120 Chlorinated from July 27
Bridgetown.....																											30/120 Chlorinated from July 27
Bridgewater.....			2	2		2	2	3	2	1	3	4	4	5	3	1	2	2	5	4	2	1	4	1			7/115
Canning.....	2	1	3	2	1	4	1	2	2		2	2	1	1	1	1	1	5	4	3			4				12/118
Dartmouth.....																											24/115
Digby.....																											22/119
Dominion No. 6.....						1	1	2	3		4	1	1	1	5	2	2	5	4	1							Chlorinated from May 1
Glace Bay.....	1					1			1			1				2		State	4					1			
Granville Ferry.....				1					1	1	1		2	1			1	1	2				1	1	State		
Hantsport.....					2	2					2	1	2	2	5		1			1			1	1	3		
Imperoyal.....			2							2		4	4							4			1	4			





Springhill.....	4					1	1	3			2	3			3	1	1 of 4	19/119
Stellarton.....																		Chlorinated
Sydney.....								1	3								4	29/125
Trenton.....			1						5		1	3	2		2	1	2	24/120
Truro.....			1				2	1	3	3	5	2	4	1	5	1	1	43/120
											1					4		Chlorinated
Westville.....	1	1	2			1						2 of 4	4	5	2	4	1	33/119
Windsor.....												2 of 4						24/124
Wolfville.....						1	2	2		2	1	2	2	2	4	1	2	22/120
Yarmouth.....												Scale	1		1	2	1	5/115
																		Chlorinated
Kentville (Raw Water)	1	1	1	1	1			1	1	3	3	2	2	4	2 of 4	3		31/119

Figures indicate number of 5 cc tubes positive for coliform organisms out of each sample consisting of 5 tubes.



## REPORT OF THE SUPERINTENDENT OF THE NURSING SERVICE

*To the Chief Health Officer:*

Sir:—

I beg to submit the report of the Public Health Nursing Service for the Year ending November 30th, 1940.

In August, Misses Hunson, MacMillan and L. MacIntosh gave up their positions and Misses Grant and Cox reported for duty. Miss Morrison was taken on the Staff on the 23rd of September. Eighteen nurses were on duty the full year. Due to illness another nurse was absent from duty for two months. Ten of these nurses were on duty in Cape Breton Island for  $116\frac{1}{2}$  months or 20043 hours. One nurse spent the greater part of the year in connection with the Dental Trailer work. The group spent  $263\frac{1}{2}$  months or 46159 hours on duty and the staff the previous year were on duty 232 months or 42903 hours.

The Summary of the various activities of the nurses given in the appended table shows that over 57 per cent of their working hours were spent in homes, schools, clinics and on interviews in connection with the work. During the year they spent 5437 hours or 11.8 per cent of their time at clinics and the nurses the previous year had only spent 4655 hours or 10.8% of their time on this type of work. With the additional Divisional Medical Health Officers and the growing demand for immunization service, it is expected that the percentage of time spent on clinical work will continue to increase.

The following represent a few of the increased activities over the records for the previous year:

	1940	1939	Increase
Visits to Tuberculous Cases.....	12213	11069	1144
Persons Interviewed.....	13636	12078	1558

Several of our staff gave considerable assistance with the placing of the British Guest Children. Help was also given with special survey work and the teaching of Home Nursing Classes.

The reports for the past year show a decrease of 14 per cent in the number of unvaccinated pupils. The nurses were in attendance at a large number of Vaccination clinics.

In addition to the Dental Trailer service, one nurse reported that the following work was accomplished at the Dental Clinics at which she was present:

Number of pupils given dental attention.....	940
Number of fillings.....	1564
Number of teeth extracted.....	1171
Number of treatments.....	208

The usual supply of sputum cups, refills and publications were distributed as well as attention given to the supplies and reports required in the service.

The past year has been strenuous and the coming one gives promise of being just as challenging. It is necessary to consider National Health of great importance in the National Defence programme and our nurses will have unusual opportunities to render far reaching community service. Due to various emergencies, the pressure of work was extremely heavy at intervals. During the continuation of warfare, there may be many difficult situations that will require special attention. The demand for Military Nursing may lessen for a time the number of recruits for the Public Health Nursing field. This throws an extra burden on the ones who are struggling to carry programmes successfully.

The conference held for the nurses in Halifax this Summer was most helpful educationally. It was also a source of encouragement for them to return to their districts better fitted to tackle their problems with renewed vigor. Conferences also help to establish as far as possible a uniformity of technique and procedures.

In conclusion, I again extend appreciation of the assistance received from various sources in the development of this division of the service.

Respectfully submitted,

MARGARET E. MACKENZIE, R. N.,

Superintendent of the Nursing Service.

Halifax, N. S.,  
November 30, 1940.



**CASES EXAMINED BY THE DIVISIONAL MEDICAL HEALTH OFFICERS  
DECEMBER 1, 1939 TO NOVEMBER 30, 1940**

COUNTIES	1st Exams.			Re-Exams.			Total examinations	Examinations, 20 yrs. and under
	Positive	Negative	Suspect	Positive	Negative	Suspect		
PHYSICAL EXAMINATIONS								
Annapolis.....	8	47	4	36	22	6	123	29
Antigonish.....	24	22	7	121	11	.....	185	30
Cape Breton.....	113	183	22	390	82	15	805	162
Colchester.....	10	43	5	24	57	3	142	55
Cumberland.....	15	84	7	38	39	3	186	62
Digby.....	22	143	16	116	131	19	447	117
Guysboro.....	12	21	5	18	6	.....	62	20
Halifax City.....	31	373	12	1	4	.....	421	204
Halifax County.....	25	224	10	37	48	3	347	109
Hants.....	6	34	1	7	10	.....	58	25
Inverness.....	19	29	2	88	20	3	161	26
Kings.....	2	.....	.....	.....	.....	.....	2	.....
Lunenburg.....	29	83	13	85	61	14	285	72
Pictou.....	15	134	9	43	79	2	282	132
Queens.....	13	73	14	60	30	18	208	35
Richmond.....	12	31	.....	35	12	1	91	17
Shelburne.....	17	91	18	106	59	16	307	88
Victoria.....	6	22	3	21	13	2	67	17
Yarmouth.....	15	53	17	69	37	8	199	38
Prov. Agricultural College Students..	3	271	.....	2	17	2	295	198
Prov. Normal College Students.....	.....	42	.....	.....	32	.....	74	.....
Total.....	397	2003	165	1297	770	115	4747	1436
X-RAY EXAMINATIONS								
Annapolis.....	6	47	3	25	16	2	99	40
Antigonish.....	33	44	6	139	17	2	241	39
Cape Breton.....	205	853	58	561	299	22	1998	419
Colchester.....	22	144	4	10	25	3	208	50
Cumberland.....	13	84	9	38	37	3	184	57
Digby.....	22	102	16	99	44	13	296	91
Guysboro.....	20	291	17	35	118	3	484	318
Halifax City.....	32	386	11	2	17	.....	448	204
Halifax County.....	33	264	14	47	77	3	438	152
Hants.....	4	40	3	5	24	.....	76	38
Inverness.....	36	168	11	133	53	5	406	79
Lunenburg.....	30	40	17	89	30	9	215	51
Pictou.....	20	98	12	19	30	2	181	86
Queens.....	11	19	5	21	7	10	73	8
Richmond.....	24	73	2	45	27	5	176	40
Shelburne.....	16	29	15	93	22	16	191	41
Victoria.....	26	97	7	47	57	3	237	42
Yarmouth.....	37	97	36	175	127	21	493	81
Indian Residential School.....	5	42	.....	4	109	4	164	164
Prov. Agricultural College Students....	.....	5	.....	1	2	.....	8	3
Prov. Normal College Students.....	3	30	1	.....	2	.....	36	19
Total.....	598	2953	247	1588	1140	126	6652	2022
FLUOROSCOPIC EXAMINATIONS								
Annapolis.....	5	94	2	26	58	5	190	172
Antigonish.....	17	35	4	75	13	1	145	46
Cape Breton.....	37	261	12	120	105	10	545	266
Cumberland.....	.....	15	.....	1	7	.....	23	12
Digby.....	5	261	10	51	237	13	577	285
Guysboro.....	.....	.....	.....	1	.....	.....	1	.....
Halifax County.....	.....	.....	1	.....	.....	.....	1	.....
Hants.....	3	4	.....	1	.....	.....	8	2
Inverness.....	8	95	.....	25	30	1	159	88
Kings.....	1	.....	.....	.....	.....	.....	1	.....
Lunenburg.....	15	393	16	85	392	10	911	402
Queens.....	10	208	13	63	115	12	421	186
Richmond.....	4	57	.....	12	12	.....	85	41
Shelburne.....	7	259	9	41	146	9	471	273
Victoria.....	4	31	.....	5	20	.....	60	43
Yarmouth.....	8	213	11	114	242	10	598	273
Total.....	124	1926	78	700	1377	71	4196	2089



	Months on Duty	Hours Spent on Duty	Clinic Work		Travelled		School Work			Home Visits			Interviews		Office Work		Meet-ings	Bedside Care, etc.	Delays	Con-fer-ences	Camp. Work
			Hours Spent on Clinic Work	Hours Spent Travelling	No. of Miles	Hours Spent in Schools	No. of Class Rooms Inspected	No. of Pupils Examined	Hours Spent in Homes	No. of Homes Visited	No. Cases Given At-tention in Homes	Hours Spent in Homes	No. of Interviews	Hours Spent on Interviews	Hours Spent on Office Work	Hours Spent at Meetings					
																	Hours	Hours			
G. Anderson.....	12	2138.45	231.00	5949	237.30	95	2433	315.00	874	1030	503.30	670	251.45	472.15	26.45	50.45	10.15	40.00	.....	200	
H. Brophy.....	12	2010.00	224.45	5664	201.25	20	844	132.00	1431	1556	660.15	609	185.30	443.55	.....	8.50	3.30	49.20	100		
P. Francis.....	12	1973.25	159.30	4731	165.50	44	1472	201.15	1293	1548	838.05	286	150.20	232.10	.....	156.45	7.00	62.30	.....		
E. Hunson.....	8½	1271.50	125.40	3198	107.50	32	1289	168.35	753	835	346.10	283	47.15	384.35	5.30	32.45	3.30	50.00	.....		
M. Johnson.....	12	2388.15	146.05	6463	213.50	99	2486	231.15	1419	2621	655.05	1574	508.00	565.15	11.15	17.30	.....	40.00	.....		
P. Lyttle.....	12	2277.55	80.25	8165	352.25	43	709	174.00	1290	3193	629.40	359	79.45	358.30	18.00	533.10	12.00	40.00	.....		
B. Martell.....	12	2142.15	200.15	6335	299.00	46	1089	187.30	1318	1611	691.45	589	121.15	432.00	1.00	148.30	12.30	48.30	.....		
Harriet MacDonald	12	1910.40	74.20	3340	336.55	38	620	135.25	1254	1538	649.35	693	220.10	279.55	14.30	44.50	1.30	53.30	100		
Hazel MacDonald	12	2317.00	380.40	7862	267.50	8	128	20.50	428	595	183.45	1357	339.30	901.15	43.30	84.25	8.30	86.45	.....		
M. T. MacDonald	12	1999.40	189.20	5206	257.55	65	1393	200.20	1126	1965	621.05	284	143.15	490.55	39.55	13.30	3.25	40.00	.....		
F. MacDougall.....	12	2211.35	857.30	4168	118.05	64	1178	180.30	883	1129	375.00	157	93.00	526.30	2.00	16.00	3.00	40.00	.....		
L. MacIntosh.....	9	1486.05	25.30	3750	180.55	89	2752	379.00	879	1155	299.30	254	47.30	407.15	19.45	76.10	7.00	43.30	.....		
M. MacIntosh.....	12	2055.35	100.30	5645	408.35	47	1349	178.50	1348	1815	455.10	948	269.05	391.15	2.15	193.05	12.00	44.50	.....		
J. MacIvor.....	12	2036.05	221.15	5137	150.25	121	2990	386.00	944	1326	411.20	646	236.35	532.00	18.00	32.00	1.30	47.00	.....		
J. MacKinlay.....	12	2002.50	193.25	6022	285.00	107	1878	290.55	852	890	411.15	1042	248.10	422.45	6.30	100.20	2.45	41.45	.....		
L. M. MacMillan.....	8½	1488.50	21.25	4483	177.55	50	1487	241.10	659	1038	299.00	497	266.30	374.35	32.15	29.55	1.35	45.30	.....		
K. Macneil.....	12	2081.30	67.25	5478	404.00	10	282	57.45	1196	1478	359.35	90	54.50	408.05	4.00	681.10	8.40	36.00	.....		
E. Pitts.....	11½	1838.40	200.00	4383	215.25	48	1064	216.20	606	672	237.50	567	191.40	707.35	4.15	13.45	1.50	50.00	.....		
K. Turner.....	12	2073.30	205.30	6782	207.20	85	2210	292.30	1125	1517	565.30	465	194.35	536.35	12.30	18.00	1.00	40.00	.....		
L. Turner.....	12	2179.25	893.10	4241	209.15	.....	.....	.....	.....	.....	.....	844	201.35	742.55	.....	1.30	1.00	40.00	.....		
C. Wade.....	12	2097.15	133.45	4104	235.30	161	4239	654.30	737	1240	395.00	385	168.20	445.10	6.30	17.00	1.30	40.00	.....		
D. Cox.....	3½	732.30	87.10	2261	104.45	45	1015	128.55	291	693	68.30	216	59.00	233.05	11.45	10.15	3.25	25.40	.....		
L. M. Grant.....	4	734.35	175.55	1781	80.30	18	552	60.10	117	334	57.40	105	46.05	278.35	.....	13.55	2.55	18.50	.....		
R. Morrison.....	2½	445.00	70.30	1593	49.10	16	195	63.20	162	318	63.20	241	64.30	79.10	10.30	14.30	.....	30.00	.....		
M. O. Gray.....	12	2266.00	372.00	6958	.....	150	4157	.....	1244	2374	.....	475	.....	.....	1.30	3.00	.....	40.00	.....		
Total.....	263½	46159.10	5437.00	123699	5357.20	1501	37811	4895.35	22229	32469	9777.35	13436	4188.10	10646.15	292.00	23.35	110.20	1093.40	.....	200	



## PROVINCE OF NOVA SCOTIA

**TABLE A—NUMBER OF BIRTHS IN THE PROVINCE OF  
NOVA SCOTIA (EXCLUSIVE OF STILLBIRTHS) AND  
BIRTH RATES BY COUNTIES 1939**

County	Population 1931 Census	1939		1938	1928
		No. of Births	Birth Rate*	Birth Rate*	Birth Rate*
Total.....	512,846	11,825	23.0	23.9	20.8
Annapolis.....	16,297	307	18.8	19.9	17.9
Antigonish.....	10,073	280	27.7	24.4	19.9
Cape Breton.....	92,419	2,517	27.2	28.1	25.6
Colchester.....	25,051	549	21.9	21.8	20.7
Cumberland.....	36,366	850	23.3	23.8	18.8
Digby.....	18,353	414	22.5	27.0	20.9
Guysboro.....	15,443	326	21.1	22.2	20.2
Halifax.....	100,204	2,412	24.0	25.3	22.6
Hants.....	19,393	484	24.9	25.1	22.7
Inverness.....	21,055	409	19.4	19.2	17.3
Kings.....	24,357	568	23.3	26.6	20.5
Lunenburg.....	31,674	593	18.7	18.9	18.0
Pictou.....	39,018	721	18.4	19.8	17.5
Queens.....	10,612	237	22.3	24.2	16.6
Richmond.....	11,098	207	18.6	20.0	16.5
Shelburne.....	12,485	315	25.2	24.0	20.3
Victoria.....	8,009	140	17.4	15.7	16.6
Yarmouth.....	20,939	496	23.6	22.4	20.8

\* Number of births per 1000 population.

## PROVINCE OF NOVA SCOTIA

TABLE B—NUMBER OF DEATHS AND DEATH RATES BY COUNTIES PROVINCE OF NOVA SCOTIA, 1939

County	Population 1931 Census	1939		1938	1928
		No. of Deaths	Death Rate*	Death Rate*	Death Rate*
Total.....	512,846	6,324	12.3	11.9	11.8
Annapolis.....	16,297	216	13.2	13.4	12.0
Antigonish.....	10,073	187	18.5	19.8	16.4
Cape Breton.....	92,419	972	10.5	9.5	11.6
Colchester.....	25,051	328	13.0	10.7	11.3
Cumberland.....	36,366	438	12.0	12.1	10.2
Digby.....	18,353	226	12.3	16.3	11.1
Guysboro.....	15,443	147	9.5	11.5	10.2
Halifax.....	100,204	1,321	13.1	12.6	13.0
Hants.....	19,393	252	12.9	12.2	12.9
Inverness.....	21,055	266	12.6	11.9	10.3
Kings.....	24,357	334	13.7	10.0	12.0
Lunenburg.....	31,674	426	13.4	12.2	11.7
Pictou.....	39,018	445	11.4	11.9	11.7
Queens.....	10,612	114	10.7	9.0	10.1
Richmond.....	11,098	129	11.6	10.8	10.9
Shelburne.....	12,485	159	12.7	14.3	11.7
Victoria.....	8,009	72	8.9	10.2	9.9
Yarmouth.....	20,939	292	13.9	13.6	12.6

\*Number of deaths per 1000 population.

Note: Based on estimated population for 1939, the provincial death rate is 11.4



## PROVINCE OF NOVA SCOTIA

TABLE C—BIRTHS AND DEATHS BY CITIES AND TOWNS  
PROVINCE OF NOVA SCOTIA, 1939

	Population 1931 Cen- sus	No. of living Births	Rate per 1000 Popula- tion	No. of Deaths	Rate Per 1000 Popula- tion
<b>Cities</b>					
Glace Bay.....	20,706	934	45.1	284	15.7
Halifax.....	59,275	1711	28.8	903	15.2
Sydney.....	23,089	571	24.7	180	7.7
<b>Towns 1000 Pop. and over</b>					
Amherst.....	7,450	186	24.9	127	17.0
Antigonish.....	1,764	212	120.1	102	57.2
Bridgetown.....	1,126	6	5.3	8	7.1
Bridgewater.....	3,262	140	42.9	106	32.8
Canso.....	1,575	36	22.8	11	6.9
Dartmouth.....	9,100	113	12.4	68	7.4
Digby.....	1,412	115	81.4	41	29.0
Dominion.....	2,846	33	11.5	32	11.2
Inverness.....	2,900	154	53.1	61	21.0
Joggins.....	1,000	26	26.0	10	10.0
Kentville.....	3,033	135	44.5	89	29.3
Liverpool.....	2,669	105	39.3	31	11.6
Lunenburg.....	2,727	31	11.3	49	17.9
Mahone Bay.....	1,065	6	5.6	6	5.6
New Glasgow.....	8,858	437	49.3	149	16.8
New Waterford.....	7,745	286	36.9	87	11.2
North Sydney.....	6,139	201	32.7	95	15.4
Oxford.....	1,133	20	17.6	17	15.0
Parrsboro.....	1,919	42	21.8	25	13.0
Pictou.....	3,152	49	15.5	43	13.6
Port Hawkesbury.....	1,011	9	8.9	14	13.8
Shelburne.....	1,474	46	31.2	12	8.1
Springhill.....	6,355	230	36.1	68	10.7
Stellarton.....	5,002	22	4.3	32	6.3
Sydney Mines.....	7,769	219	28.3	97	12.4
Trenton.....	2,613	32	12.2	11	4.2
Truro.....	7,901	221	27.9	114	14.4
Wedgeport.....	1,294	23	17.7	11	8.5
Westville.....	3,946	21	5.3	33	8.3
Windsor.....	3,032	155	51.1	79	26.0
Wolfville.....	1,818	98	53.9	38	20.9
Yarmouth.....	7,055	209	29.6	139	19.7

## PROVINCE OF NOVA SCOTIA

TABLE D—NUMBERS OF MARRIAGES AND MARRIAGE RATES  
BY COUNTIES PROVINCE OF NOVA SCOTIA, 1939

County	1939		1938	1928
	No. of Marriages	Rate per 1000 Pop.*	Rate	Rate
Nova Scotia .....	5024	9.7	8.0	6.2
Annapolis.....	115	7.0	8.2	5.1
Antigonish .....	78	7.7	5.8	4.0
Cape Breton.....	977	10.5	8.8	7.1
Colchester.....	268	10.6	8.9	8.0
Cumberland.....	351	9.6	9.4	6.7
Digby.....	169	9.2	7.6	5.8
Guysboro.....	96	6.2	5.5	4.6
Halifax.....	1298	12.9	8.8	8.4
Hants.....	164	8.4	7.4	6.0
Inverness.....	102	4.8	4.0	2.2
Kings.....	265	10.8	9.2	5.3
Lunenburg.....	286	9.0	7.7	6.4
Pictou.....	323	8.2	7.7	6.1
Queens.....	121	11.4	8.1	4.2
Richmond.....	58	5.2	3.2	1.8
Shelburne.....	106	8.4	6.6	4.4
Victoria.....	34	4.2	4.9	1.7
Yarmouth.....	213	10.1	8.4	5.7

\*1931 population census figures.



## PROVINCE OF NOVA SCOTIA

TABLE E—NUMBER OF MARRIAGES AND MARRIAGE RATES  
BY CITIES AND TOWNS, 1939

	Population 1931 census	Number of Marriages	Rate per 1,000 population
<b>CITIES:</b>			
Glace Bay.....	20,706	216	10.4
Halifax.....	59,275	930	15.6
Sydney.....	23,089	367	15.8
<b>TOWNS: (1000 population and over):</b>			
Amherst.....	7,450	134	17.9
Antigonish.....	1,764	38	21.5
Bridgetown.....	1,126	17	15.0
Bridgewater.....	3,262	82	25.1
Canso.....	1,575	13	8.2
Dartmouth.....	9,100	127	13.9
Digby.....	1,412	30	21.2
Dominion.....	2,846	2	.7
Inverness.....	2,900	8	2.7
Joggins.....	1,000	15	15.0
Kentville.....	3,033	81	26.7
Liverpool.....	2,669	39	14.6
Lunenburg.....	2,727	34	12.4
Mahone Bay.....	1,065	20	18.7
New Glasgow.....	8,858	106	11.9
New Waterford.....	7,745	101	13.0
North Sydney.....	6,139	76	12.3
Oxford.....	1,133	28	24.7
Parrsboro.....	1,919	22	11.4
Pictou.....	3,152	41	13.0
Port Hawkesbury.....	1,011	16	15.8
Shelburne.....	1,474	25	16.9
Springhill.....	6,355	53	8.3
Stellarton.....	5,002	52	10.3
Sydney Mines.....	7,769	58	7.4
Trenton.....	2,613	11	4.2
Truro.....	7,901	169	21.3
Wedgeport.....	1,294	5	3.8
Westville.....	3,946	41	10.3
Windsor.....	3,032	77	25.3
Wolfville.....	1,818	46	25.3
Yarmouth.....	7,055	101	14.3

## [ PROVINCE OF NOVA SCOTIA

**TABLE F—INFANT MORTALITY AND RATES BY COUNTIES  
PROVINCE OF NOVA SCOTIA, 1939**

County	1939			1938	1928
	No. of live Births	Deaths under 1 year	Rate per 1000 live Births	Rate	Rate
Nova Scotia.....	11,825	761	64.3	61.6	79.3
Annapolis.....	307	19	61.8	64.6	65.2
Antigonish.....	280	13	46.4	73.2	80.0
Cape Breton.....	2,517	189	75.0	68.4	114.5
Colchester.....	549	31	56.4	53.1	71.2
Cumberland.....	850	60	70.5	56.5	75.0
Digby.....	414	43	103.8	84.7	47.3
Guysboro.....	326	21	64.4	70.0	68.4
Halifax.....	2,412	139	57.6	58.5	62.6
Hants.....	484	34	70.2	47.3	63.5
Inverness.....	409	23	56.2	91.6	83.1
Kings.....	568	27	47.5	57.1	66.5
Lunenburg.....	593	54	91.0	73.3	69.4
Pictou.....	721	35	48.5	50.5	82.0
Queens.....	237	17	71.7	23.3	48.4
Richmond.....	207	12	57.9	67.6	75.2
Shelburne.....	315	17	53.9	50.0	72.6
Victoria.....	140	5	35.7	47.6	125.7
Yarmouth.....	496	22	44.3	49.0	96.0



## PROVINCE OF NOVA SCOTIA

TABLE G—INFANT MORTALITY BY CITIES AND TOWNS  
PROVINCE OF NOVA SCOTIA, 1939

	1939			1938	1930
	No. of Live Births	No. of Infant Deaths	Rate per 1000 live Births	Rate	Rate
<b>Cities</b>					
Glace Bay.....	934	73	78.1	72.0	128.9
Halifax.....	1711	92	53.7	62.9	76.5
Sydney.....	571	10	17.5	28.8	66.7
<b>Towns</b>					
1000 Pop. and over					
Amherst.....	186	17	91.3	55.9	85.3
Antigonish.....	212	9	42.4	42.6	53.6
Bridgetown.....	6				45.5
Bridgewater.....	140	13	92.8	39.4	46.2
Canso.....	36	2	55.5	58.8	131.6
Dartmouth.....	113	8	70.7	75.2	119.8
Digby.....	115	9	78.2	67.2	125.0
Dominion.....	33	10	303.0	153.8	83.3
Inverness.....	154	8	51.9	60.8	127.9
Joggins.....	26	1	38.4	37.0	
Kentville.....	135	6	44.4	76.9	26.3
Liverpool.....	105	5	47.6	18.0	134.3
Lunenburg.....	31	3	96.7	58.8	47.6
Mahone Bay.....	6				111.1
New Glasgow.....	437	14	32.0	26.8	
New Waterford.....	286	27	94.4	77.4	37.9
North Sydney.....	201	19	94.5	92.9	136.7
Oxford.....	20				110.5
Parrsboro.....	42	5	119.0	42.6	45.5
Pictou.....	49	2	40.8	45.6	51.3
Port Hawkesbury.....	9	1	111.1	333.3	137.3
Shelburne.....	46			51.3	68.9
Springhill.....	230	14	60.8	59.6	100.4
Stellarton.....	22	2	90.9	66.7	105.3
Sydney Mines.....	219	19	86.7	81.8	133.6
Trenton.....	32	1	31.2	142.9	174.6
Truro.....	221	8	36.1	52.6	56.7
Wedgeport.....	23	1	43.4		
Westville.....	21	2	95.2	250.0	106.7
Windsor.....	155	11	70.9	58.4	41.2
Wolfville.....	98	3	30.6	62.9	80.6
Yarmouth.....	209	8	38.2	44.8	125.0

## PROVINCE OF NOVA SCOTIA

TABLE H—NUMBER OF DEATHS AND DEATH RATES FROM  
TUBERCULOSIS BY COUNTIES PROVINCE OF NOVA  
SCOTIA, 1939

	TUBERCULOSIS (All Forms)		PULMONARY	
	Number of Deaths	Rate Per 100,000 Pop.*	Number of Deaths	Rate per 100,000 Pop.*
Nova Scotia.....	428	83.4	374	72.9
Annapolis.....	8	49.0	8	49.0
Antigonish.....	22	218.4	20	198.5
Cape Breton.....	47	50.8	43	46.5
Colchester.....	14	55.8	13	51.8
Cumberland.....	22	60.4	21	57.7
Digby.....	13	70.8	10	54.4
Guysboro.....	8	51.8	8	51.8
Halifax.....	104	103.7	90	89.8
Hants.....	15	77.3	12	61.8
Inverness.....	22	104.4	17	80.7
Kings.....	56	229.9	53	217.5
Lunenburg.....	13	41.0	9	28.4
Pictou.....	26	66.6	20	51.2
Queens.....	12	113.0	11	103.6
Richmond.....	9	81.0	8	72.0
Shelburne.....	10	80.0	9	72.0
Victoria.....	2	24.9	2	24.9
Yarmouth.....	25	119.3	20	95.5

\*1931 Census figures.

Note— Based on estimated population for 1939, the provincial death rates are 77.2 for all forms and 67.5 for pulmonary tuberculosis.



## PROVINCE OF NOVA SCOTIA

TABLE I—NUMBER OF DEATHS AND DEATH RATES FROM  
TUBERCULOSIS BY CITIES AND TOWNS PROVINCE  
OF NOVA SCOTIA, 1939

	Pop. 1931 Census	Tuberculosis (all forms)		Pulmonary Tuberculosis	
		No. of Deaths	Rate per 100,000 Pop.	No. of Deaths	Rate per 100,000 Pop.
<b>Cities</b>	223,215	261	116.9	228	102.1
Glace Bay.....	20,706	14	67.6	11	53.1
Halifax.....	59,275	77	129.9	67	113.0
Sydney.....	23,089	13	56.3	13	56.3
<b>Towns 1000 Pop. and over</b>					
Amherst.....	7,450	6	80.5	6	80.5
Antigonish.....	1,764	21	1190.4	19	1077.0
Bridgetown.....	1,126	1	88.8	1	88.8
Bridgewater.....	3,262	2	61.3	1	30.6
Canso.....	1,575	1	63.4	1	63.4
Dartmouth.....	9,100	5	54.9	5	54.9
Digby.....	1,412				
Dominion.....	2,846	3	105.4	3	105.4
Inverness.....	2,900	8	275.8	7	241.3
Joggins.....	1,000				
Kentville.....	3,033	49	1615.5	47	1549.6
Liverpool.....	2,669	4	149.8	4	149.8
Lunenburg.....	2,727				
Mahone Bay.....	1,065				
New Glasgow.....	8,858	4	45.1	3	33.8
New Waterford.....	7,745	3	38.7	2	25.8
North Sydney.....	6,139	8	130.3	8	130.3
Oxford.....	1,133	2	176.5	2	176.5
Parrsboro.....	1,919				
Pictou.....	3,152	4	126.9	3	95.1
Port Hawkesbury.....	1,011				
Shelburne.....	1,474				
Springhill.....	6,355	4	62.9	3	47.2
Stellarton.....	5,002	1	19.9		
Sydney Mines.....	7,769				
Trenton.....	2,613				
Truro.....	7,901	3	37.9	3	37.9
Wedgeport.....	1,294				
Westville.....	3,946	2	50.6	1	25.3
Windsor.....	3,032	6	197.8	4	131.9
Wolfville.....	1,818	2	110.0	1	55.0
Yarmouth.....	7,055	18	255.1	13	184.2

## PROVINCE OF NOVA SCOTIA

TABLE K—Number of deaths from certain specified causes, 1939 by counties

Inter-national list number	Cause of Death	Nova Scotia	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
11	Influenza.....	354	7	8	41	23	20	17	16	37	16	20	29	25	24	6	20	11	7	27
23-32	Tuberculosis (all forms).....	428	8	22	47	14	22	13	8	104	15	22	56	13	26	12	9	10	2	25
23	Pulmonary Tuberculosis.....	374	8	20	43	13	21	10	8	90	12	17	53	9	20	11	8	9	2	20
45-53	Cancer and other Malignant Tumors.....	730	32	26	96	23	43	30	14	183	17	27	37	62	60	10	9	22	7	32
90-95	Diseases of the Heart.....	997	46	27	144	60	73	34	18	165	52	42	49	88	74	17	13	32	10	53
96, 97, 99, 102	Diseases of the Arteries.....	569	31	3	67	35	55	28	4	129	24	17	25	33	39	12	6	20	4	37
107-109	Pneumonia (all forms).....	459	13	7	94	26	33	13	12	105	18	28	19	41	25	6	5	9	3	2
119	Diarrhoea (under 2 yrs. of age).....	37	1	.....	18	.....	.....	1	1	8	2	2	1	.....	2	1	.....	.....	.....	.....
130-132	Nephritis.....	332	14	20	41	10	27	8	23	58	9	21	20	18	28	11	4	5	4	11
158-161	Diseases of early Infancy.....	305	8	7	56	13	24	25	7	49	19	8	10	26	14	9	8	8	2	12
176-198	Violent Deaths.....	348	11	8	59	21	18	5	4	98	4	4	23	20	31	8	3	8	4	19



## PROVINCE OF NOVA SCOTIA

TABLE L—Death rates per 100,000 population (1931 census) from certain specified causes by counties, 1939

Inter-national List No.	Cause of Death	Nova Scotia	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
11	Influenza.....	69.0	43	80	44	91	55	92	104	37	82	95	119	79	61	180	88	87	129
23-32	Tuberculosis (all forms).....	83.4	49	218	51	56	61	71	52	104	77	104	230	41	67	81	80	25	120
23	Pulmonary Tuberculosis.....	72.9	49	198	46	52	58	54	52	90	62	81	217	28	51	72	72	25	95
45-53	Cancer and other Malignant Tumors.....	142.3	196	258	104	92	118	164	91	183	88	128	152	196	154	81	176	87	153
90-95	Diseases of the Heart.....	194.4	282	268	156	239	201	185	116	165	268	199	201	278	190	117	256	125	253
96,97, 99, 102	Diseases of the Arteries.....	110.9	190	30	72	140	151	152	26	129	124	81	103	104	100	54	160	50	177
107-109	Pneumonia (all forms).....	89.5	80	69	102	104	91	71	78	105	93	133	78	129	64	45	72	37	9
119	Diarrhoea (under 2 yrs. of age) *.....	7.2	6	.....	19	.....	.....	5	6	8	10	9	4	.....	5	.....	.....	.....	.....
130-132	Nephritis.....	64.7	86	198	44	40	74	43	149	58	46	100	82	57	72	104	36	40	52
158-161	Diseases of early Infancy *.....	59.4	49	69	60	52	66	136	45	49	98	38	41	82	36	85	72	64	57
176-198	Violent Deaths.....	67.8	67	79	64	84	49	27	26	98	21	19	94	63	79	75	64	50	91

\*Rate expressed as number of deaths per 1000 live births

## PROVINCE OF NOVA SCOTIA

**TABLE M—BIRTH RATE, MATERNAL MORTALITY AND  
INFANT MORTALITY DEATHS UNDER 1 YEAR OF  
AGE, PROVINCE OF NOVA SCOTIA 1921-1939**

Year	No. of live Births	Rate per 1000 est. Population	Maternal Deaths		Infant Mortality	
			No. of Deaths	Death Rate*	No. of Infant Deaths	Death Rate*
1921	13,021	24.9	56	4.3	1,311	100.7
1922	12,693	24.0	70	5.5	1,239	97.6
1923	11,680	22.0	84	7.2	1,139	97.5
1924	11,801	22.1	78	6.6	1,118	94.7
1925	11,400	21.2	62	5.4	887	77.8
1926	10,980	20.3	51	4.6	882	80.3
1927	11,134	20.5	76	6.8	1,028	92.3
1928	10,931	20.0	57	5.2	865	79.1
1929	10,688	19.4	45	4.2	960	84.8
1930	11,346	22.1	76	6.7	937	82.6
1931	11,615	22.6	55	4.7	914	78.7
1932	11,629	22.4	53	4.5	849	73.0
1933	11,164	21.4	52	4.7	791	70.0
1934	11,407	21.7	71	6.2	807	71.0
1935	11,617	22.0	62	5.3	838	72.1
1936	11,808	22.0	51	4.3	781	66.1
1937	11,572	21.4	35	3.0	812	70.2
1938	12,241	23.9	51	4.2	754	61.6
1939	11,825	23.0	49	4.1	761	64.3

\*Number of deaths per 1000 live births.



## PROVINCE OF NOVA SCOTIA

TABLE N—NUMBER OF DEATHS AND DEATH RATES FROM  
TUBERCULOSIS PROVINCE OF NOVA SCOTIA 1921-1939

YEAR	Tuberculosis All Forms		Pulmonary Tuberculosis	
	No. of Deaths	Death Rate*	No. of Deaths	Death Rate*
1921	702	134	579	111
1922	695	131	562	106
1923	652	123	559	105
1924	665	125	550	103
1925	580	108	500	93
1926	644	119	508	94
1927	643	118	544	102
1928	571	104	478	87
1929	522	95	453	82
1930	548	106	470	91
1931	524	102	425	83
1932	519	101.1	437	84
1933	478	91.5	398	76
1934	467	88.9	386	74
1935	488	92.6	416	79
1936	485	90.3	401	75
1937	461	85.1	380	70
1938	415	75.7	348	63.5
1939	428	77.2	374	67.5

\*Number of deaths per 100,000 estimated population.

Death rate from all forms tuberculosis Canada 1938-54.7 (Prelim. figures)

Death rate from pulmonary tuberculosis Canada 1938-45.1.      "      "

## PROVINCE OF NOVA SCOTIA

## TABLE O

Number of deaths and death  
rates from Cancer 1921-1939

Year	No. of Deaths	Death Rate*
1921	480	91.6
1922	539	102.1
1923	529	99.8
1924	572	107.1
1925	540	100.6
1926	521	96.5
1927	556	102.4
1928	571	104.4
1929	538	97.8
1930	558	108.6
1931	594	115.8
1932	628	121.0
1933	638	122.2
1934	688	131.0
1935	617	117.1
1936	687	127.9
1937	715	132.3
1938	688	125.5
1939	730	142.3

\*Number of deaths per 100,000  
estimated population.



TABLE I—GENERAL SUMMARY OF BIRTHS, DEATHS AND MARRIAGES IN NOVA SCOTIA BY COUNTIES, AND IN CITIES AND TOWNS OF 1,000 POPULATION AND OVER, 1939

	BIRTHS (Exclusive of Stillbirths)			DEATHS						Still- births	Marri- ages			
				All Ages		Under 1 Year		1 to 4 Years				5 Years and Over		
	Total	Male	Female	Total	Male	Female	Male	Female	Male			Female	Male	Female
Total for Province	11,825	5,919	5,906	6,324	3,387	2,937	396	365	80	71	2,911	2,501	364	5,024
Countries:														
Annapolis.....	307	148	159	216	116	100	10	9			106	89	14	115
Antigonish.....	280	152	128	187	96	91	6	7	1		89	84	7	78
Cape Breton.....	2,517	1,243	1,274	972	528	444	105	84	24	20	399	340	79	977
Colchester.....	549	274	275	328	164	164	16	15	4	6	144	143	28	268
Cumberland.....	850	436	414	438	238	200	31	29	4	3	203	168	29	351
Digby.....	414	207	207	226	115	111	21	22	1	3	93	86	9	169
Guysboro.....	326	146	180	147	81	66	13	8			66	58	7	96
Halifax.....	2,412	1,223	1,189	1,321	725	596	70	69	18	18	637	509	78	1,298
Hants.....	484	245	239	252	136	116	17	17	3	2	116	97	13	164
Inverness.....	409	207	202	266	139	127	11	12	2	2	126	113	12	102
Kings.....	568	271	297	334	187	147	15	12	1	3	171	132	15	265
Lunenburg.....	593	320	273	426	225	201	29	25	4	3	192	173	19	286
Pictou.....	721	361	360	445	252	193	20	15	7	5	225	173	24	323
Queens.....	237	118	119	114	63	51	9	8	3		51	43	6	121
Richmond.....	207	104	103	129	63	66	5	7	1	2	57	57	3	58
Shelburne.....	315	151	164	159	76	83	6	11		1	70	71	7	106
Victoria.....	140	78	62	72	41	31	2	3	2	1	37	27	3	34
Yarmouth.....	496	235	261	292	142	150	10	12	3		129	138	11	213
Cities:														
Halifax.....	1,711	860	851	903	499	404	48	44	12	8	439	352	54	930
Sydney.....	571	284	287	180	106	74	6	4	4	3	96	67	.....	367
Towns:														
Amherst.....	186	100	86	127	69	58	10	7	1	2	58	49	8	134
Antigonish.....	212	109	103	102	53	49	6	3			47	46	7	38
Bridgetown.....	6	4	2	8	2	6					2	6	.....	17
Bridgewater.....	140	65	75	106	56	50	4	.....	.....	.....	52	39	.....	82
Canso.....	36	25	11	11	7	4	1	1			28	31	.....	13
Dartmouth.....	113	63	50	68	30	38	1	7	1		18	14	.....	127
Digby.....	115	62	53	41	22	19	4	5			13	7	.....	30
Dominion.....	33	16	17	32	17	15	3	30	1	1	96	103	.....	2
Glace Bay.....	934	473	461	284	148	136	43	30	9	3	23	29	52	216
Inverness.....	154	67	87	61	27	34	4	1	.....	.....	4	4	.....	8
Joggins.....	26	9	17	10	5	5	.....	.....	.....	.....	58	24	.....	15
Kentville.....	135	64	71	89	60	29	2	4	.....	.....	.....	.....	6	81

Liverpool.....	105	59	46	31	14	17	2	3	1	1	11	14	3	39
Lunenburg.....	31	18	13	49	31	18	3	.....	.....	.....	28	17	.....	34
Mahone Bay.....	6	3	3	6	2	4	.....	.....	.....	.....	2	4	.....	20
New Glasgow.....	437	225	212	149	85	64	7	.....	.....	.....	75	57	.....	106
New Waterford.....	286	132	154	87	48	39	14	.....	.....	.....	31	20	.....	101
North Sydney.....	201	91	110	95	49	46	11	.....	.....	.....	36	34	.....	76
Oxford.....	20	11	9	17	11	6	.....	.....	.....	.....	11	6	.....	28
Parrsboro.....	42	20	22	25	14	11	3	.....	.....	.....	10	9	.....	22
Pictou.....	49	29	20	43	22	21	1	.....	.....	.....	20	20	.....	41
Port Hawkesbury.....	9	2	7	14	5	9	.....	.....	.....	.....	5	8	.....	16
Shelburne.....	46	22	24	12	5	7	.....	.....	.....	.....	5	7	.....	25
Springhill.....	230	117	113	68	36	32	7	.....	.....	.....	28	25	.....	53
Stellarton.....	22	12	10	32	20	1	1	.....	.....	.....	18	10	.....	52
Sydney Mines.....	219	102	117	97	59	38	13	.....	.....	.....	44	31	.....	58
Trenton.....	32	15	17	11	7	4	1	.....	.....	.....	6	3	.....	11
Truro.....	221	126	95	114	54	60	4	.....	.....	.....	47	56	.....	169
Wedgeport.....	23	14	9	11	3	8	.....	.....	.....	.....	3	7	.....	5
Westville.....	21	12	9	33	20	13	2	.....	.....	.....	17	13	.....	41
Windsor.....	155	83	72	79	46	33	7	.....	.....	.....	37	29	.....	77
Wolfville.....	98	50	48	38	18	20	1	.....	.....	.....	17	17	.....	46
Yarmouth.....	209	99	110	139	65	74	2	.....	.....	.....	61	68	.....	101



**TABLE 1A—BIRTHS IN THE PROVINCE OF NOVA SCOTIA  
BY COUNTIES, 1939**

Counties (Including cities and Towns)	Sex		Still- births	Illegiti- mate births	Twins	Tri- plets	Total
	Male	Female					
Annapolis.....	148	159	14	12	3	.....	307
Antigonish.....	152	128	7	9	1	.....	280
Cape Breton.....	1243	1274	79	133	28	.....	2517
Colchester.....	274	275	28	31	6	.....	549
Cumberland.....	436	414	29	45	12	.....	850
Digby.....	207	207	9	27	4	.....	414
Guysborough.....	146	180	7	23	4	.....	326
Halifax.....	1223	1189	78	197	28	.....	2412
Hants.....	245	239	13	36	6	.....	484
Inverness.....	207	202	12	11	7	.....	409
Kings.....	271	297	15	36	2	.....	568
Lunenburg.....	320	273	19	52	7	.....	593
Pictou.....	361	360	24	52	8	.....	721
Queens.....	118	119	6	6	1	.....	237
Richmond.....	104	103	3	10	4	.....	207
Shelburne.....	151	164	7	25	3	.....	315
Victoria.....	78	62	3	8	.....	.....	140
Yarmouth.....	235	261	11	31	5	.....	496
Total.....	5,919	5,906	364	744	129	.....	11,825

**TABLE 1B—BIRTHS IN CITIES AND TOWNS OF NOVA  
SCOTIA, 1939**

Cities and towns	Sex		Still births	Illegiti- mate births	Twins	Tri- plets	Total
	Male	Female					
Amherst.....	160	86	8	9	2		186
Antigonish.....	109	103	7	8			212
Bridgetown.....	4	2					6
Bridgewater.....	65	75	3	6	1		140
Canso.....	25	11		3			36
Dartmouth.....	63	50	2	4	3		113
Digby.....	62	53	3	8	1		115
Dominion.....	16	17	3	1	1		33
Glace Bay.....	473	461	52	35	15		934
Halifax.....	860	851	54	158	18		1711
Inverness.....	67	87	4	4	2		154
Joggins.....	9	17					26
Kentville.....	64	71	6	10			135
Liverpool.....	59	46	3	6			105
Lunenburg.....	18	13	1	2			31
Mahone Bay.....	3	3			1		6
New Glasgow.....	225	212	16	37	3		437
New Waterford...	132	154	1	16	4		286
North Sydney.....	91	110	9	14	1		201
Oxford.....	11	9		1			20
Parrsboro.....	20	22	2	2	1		42
Pictou.....	29	20	3	2	1		49
Port Hawkesbury	2	7		1			9
Shelburne.....	22	24		6			46
Springhill.....	117	113	9	17	7		230
Stellarton.....	12	10		2			22
Sydney.....	284	287		47	6		571
Sydney Mines.....	102	117	4	12			219
Trenton.....	15	17		1	1		32
Truro.....	126	95	16	18	1		221
Wedgeport.....	14	9		2			23
Westville.....	12	9		1			21
Windsor.....	83	72	8	11	2		155
Wolfville.....	50	48	6	6	1		98
Yarmouth.....	99	110	8	19	2		209
<b>Total.....</b>	<b>3,443</b>	<b>3,391</b>	<b>228</b>	<b>469</b>	<b>74</b>		<b>6,834</b>





TABLE III—SINGLE AND MULTIPLE CONFINEMENTS AND LEGITIMATE AND ILLEGITIMATE BIRTHS  
BY CITIES AND TOWNS, 1939

Cities and towns	Number of Confinements				Number of Children					
	Total	Single	Twin	Triplets	Born alive		Stillborn			
					Total	Leg.	Illeg.	Total	Leg.	Illeg.
Amherst.....	192	190	2	.....	186	177	9	8	8	.....
Antigonish.....	218	217	1	.....	212	204	8	7	7	.....
Bridgetown.....	6	6	.....	.....	6	6	.....	.....	.....	.....
Bridgewater.....	142	141	1	.....	140	134	6	3	3	.....
Canso.....	36	36	.....	.....	36	33	3	.....	.....	.....
Dartmouth.....	112	109	3	.....	113	109	4	2	2	.....
Digby.....	117	116	1	.....	115	107	8	3	3	.....
Dominion.....	35	34	1	.....	33	32	1	3	3	.....
Glace Bay.....	970	954	16	.....	934	899	35	52	48	4
Halifax.....	1,745	1,725	20	.....	1,711	1,553	158	54	51	3
Inverness.....	156	154	2	.....	154	150	4	4	3	.....
Joggins.....	26	26	.....	.....	26	26	.....	.....	.....	.....
Kentville.....	140	139	1	.....	135	125	10	6	6	.....
Liverpool.....	107	106	1	.....	105	99	6	3	3	.....
Lunenburg.....	32	32	.....	.....	31	29	2	1	1	.....
Mahone Bay.....	5	4	1	.....	6	6	.....	.....	.....	.....
New Glasgow.....	450	447	3	.....	437	400	37	16	14	2
New Waterford.....	283	279	4	.....	286	270	16	1	1	.....
North Sydney.....	208	206	2	.....	201	187	14	9	9	.....
Oxford.....	20	20	.....	.....	20	19	1	.....	.....	.....
Parrsboro.....	43	42	1	.....	42	40	2	2	2	.....
Pictou.....	51	50	1	.....	49	47	2	3	2	1
Port Hawkesbury.....	9	9	.....	.....	9	8	1	.....	.....	.....
Shelburne.....	46	46	.....	.....	46	40	6	.....	.....	.....
Springhill.....	232	225	7	.....	230	213	17	9	9	.....
Stellarton.....	22	22	.....	.....	22	20	2	.....	.....	.....
Sydney.....	565	559	6	.....	571	524	47	.....	.....	.....



TABLE III—Continued.

Cities and towns	Number of Confinements				Number of Children					
	Total	Single	Twin	Triplets	Born alive			Stillborn		Illeg.
					Total	Leg.	Illeg.	Total	Leg.	
Sydney Mines.....	223	223	.....	.....	219	207	12	4	4	.....
Trenton.....	31	30	1	.....	32	31	1	.....	.....	.....
Truro.....	234	231	3	.....	221	203	18	16	13	3
Wedgeport.....	23	23	.....	.....	23	21	2	.....	.....	.....
Westville.....	21	21	.....	.....	21	20	1	.....	.....	.....
Windsor.....	161	159	2	.....	155	144	11	8	8	.....
Wolfville.....	103	102	1	.....	98	92	6	6	5	1
Yarmouth.....	215	213	2	.....	209	190	19	8	5	3
Total.....	6,979	6,896	83	.....	6,834	6,365	469	228	210	18

**TABLE IV—PLURAL BIRTHS CLASSIFIED TO SHOW NUMBER  
OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX,  
IN THE PROVINCE OF NOVA SCOTIA, 1939**

Classification of Births	Number
Twin Births.....	145
Two males (both living).....	41
One male and one female (both living).....	41
Two females (both living).....	47
One male living and one male stillborn .....	
One male living and one female stillborn.....	1
One male stillborn and one female living.....	2
One female living and one female stillborn.....	6
One male and one female (both stillborn).....	1
Two females (both stillborn).....	2
Total Multiple Births.....No.	145
M.	135
F.	155
Total Single Live Births .....	No. 11,554
M.	5,791
F.	5,763
Total Single Stillbirths .....	No. 345
M.	193
F.	152
Total Confinements.....	12,044



**TABLE V—BIRTHS (EXCLUSIVE OF STILLBIRTHS) BY MONTHS, CLASSIFIED AS RURAL AND URBAN  
IN THE PROVINCE OF NOVA SCOTIA, 1939**

	Total	MONTHS											
		January	February	March	April	May	June	July	August	September	October	November	December
NOVA SCOTIA.....	11,825	990	931	1,137	1,034	1,054	1,012	997	1,007	1,003	965	832	863
Rural.....	4,991	408	399	473	481	442	403	428	444	449	368	347	349
Urban.....	6,834	582	532	664	553	612	609	569	563	554	597	485	514
ANNAPOLIS.....	307	28	32	33	25	20	24	29	29	25	20	18	24
Rural.....	301	28	32	31	25	20	24	28	29	24	19	18	23
Urban.....	6			2				1		1	1		1
Bridgetown—t.....	6			2				1		1	1		1
ANTIGONISH.....	280	22	21	21	22	27	19	30	24	28	30	14	22
Rural.....	68	5	4	4	3	4	5	11	5	9	6	7	5
Urban.....	212	17	17	17	19	23	14	19	19	19	24	7	17
Antigonish—t.....	212	17	17	17	19	23	14	19	19	19	24	7	17
CAPE BRETON.....	2,517	228	187	234	209	224	236	206	202	176	231	206	178
Rural.....	273	24	24	16	36	23	21	21	21	28	19	20	20
Urban.....	2,244	204	163	218	173	201	215	185	181	148	212	186	158
Sydney—c.....	571	62	47	46	46	56	55	41	29	37	64	46	42
Dominion—t.....	33	5	1	6	2	2	2	4	4	1	4	2	
Glace Bay—t.....	934	67	63	92	70	90	88	83	92	64	72	89	64
New Waterford—t.....	286	31	24	27	18	19	30	21	26	19	34	20	17
North Sydney—t.....	201	17	13	17	17	16	23	16	15	14	16	16	21
Sydney Mines—t.....	219	22	15	30	20	18	17	20	15	13	22	13	14
COLCHESTER.....	549	40	40	59	49	62	54	39	51	40	43	33	39
Rural.....	328	25	25	35	31	35	32	18	28	25	30	23	21
Urban.....	221	15	15	24	18	27	22	21	23	15	13	10	18
Truro—t.....	221	15	15	24	18	27	22	21	23	15	13	10	18
CUMBERLAND.....	850	68	77	80	74	73	75	80	61	81	69	57	55

Rural	346	327	30	37	28	22	27	37	24	39	32	19	24
Urban	504	41	47	43	46	51	48	43	37	42	37	38	31
Amherst—t	186	16	16	14	18	18	19	19	14	19	10	14	9
Joggins—t	26	3	1	2	3	1	3	5	1	5	1	2	1
Oxford—t	20	1	3	1	2	3	3	2	1	1	2	7	3
Parrsboro—t	42	5	2	1	2	8	4	17	6	3	1	1	1
Springhill—t	230	16	25	25	23	21	19	15	15	14	23	15	17
DIGBY	414	42	24	29	45	45	27	33	34	36	38	23	38
Rural	299	29	16	21	35	31	19	22	31	26	27	13	29
Urban	115	13	8	8	10	14	8	11	3	10	11	10	9
Digby—t	115	13	8	8	10	14	8	11	3	10	11	10	9
GUYSBOROUGH	326	34	17	29	32	31	21	26	20	37	23	10	22
Rural	290	30	14	22	30	29	19	23	18	34	20	34	19
Urban	36	4	3	7	2	2	2	3	2	3	3	2	3
Canso—t	36	4	3	7	2	2	2	3	2	3	3	2	3
HALIFAX	2,412	195	193	243	209	217	186	187	206	222	202	161	191
Rural	588	50	44	59	60	55	44	48	56	51	46	39	36
Urban	1,824	145	149	184	149	162	142	139	150	171	156	122	155
Halifax—c	1,711	133	138	168	145	156	136	129	137	159	155	110	145
Dartmouth—t	113	12	11	16	4	6	6	10	13	12	1	12	10
HANTS	484	36	34	47	32	58	47	34	47	54	36	31	28
Rural	329	26	20	32	24	35	38	21	31	33	27	22	20
Urban	155	10	14	15	8	23	9	13	16	21	9	9	8
Windsor—t	155	10	14	15	8	23	9	13	16	21	9	9	8
INVERNESS	409	38	28	35	52	31	33	34	38	30	29	32	29
Rural	246	21	21	25	29	19	20	15	26	15	16	22	17
Urban	163	17	7	10	23	12	13	19	12	15	13	10	12
Inverness—t	154	17	6	8	23	10	12	18	12	14	13	9	12
Port Hawkesbury—t	9	2	1	2	1	2	1	1	1	1	1	1	1
KINGS	568	55	45	49	51	51	52	53	53	40	43	42	34
Rural	335	35	32	26	32	33	30	30	27	23	24	23	20
Urban	233	20	13	23	19	18	22	23	26	17	19	19	14
Kentville—t	135	11	10	15	11	10	16	13	15	9	8	13	4
Wolfville—t	98	9	3	8	8	8	6	10	11	8	11	6	10



**TABLE V—Births (exclusive of stillbirths) by months, classified as rural and urban in the province of Nova Scotia, 1939**

	Total	MONTHS											
		January	February	March	April	May	June	July	August	September	October	November	December
LUNENBURG.....	593	51	44	59	53	50	48	55	55	50	47	38	43
Rural.....	416	34	33	50	35	42	27	45	38	37	30	18	27
Urban.....	177	17	11	9	18	8	21	10	17	13	17	20	16
Bridgewater—t.....	140	16	8	9	14	5	16	7	14	9	12	16	14
Lunenburg—t.....	31	1	3	.....	2	3	5	2	3	1	5	2	2
Mahone Bay—t.....	6	.....	.....	.....	2	.....	.....	1	.....	.....	.....	2	.....
PICTOU.....	721	53	61	83	60	49	73	61	58	63	66	41	53
Rural.....	160	9	16	14	17	12	16	12	15	17	9	13	10
Urban.....	561	44	45	69	43	37	57	49	43	46	57	28	43
New Glasgow—t.....	437	35	30	54	33	32	47	39	33	35	45	22	32
Pictou—t.....	49	5	5	6	3	2	6	2	6	5	5	1	3
Stellarton—t.....	22	3	4	3	.....	.....	1	3	2	1	2	.....	3
Trenton—t.....	32	.....	6	3	6	.....	2	3	2	1	3	2	3
Westville—t.....	21	1	.....	3	1	2	1	2	.....	4	3	2	2
QUEENS.....	237	20	19	17	26	24	18	23	29	15	14	16	16
Rural.....	132	8	9	7	18	15	8	12	17	8	9	12	9
Urban.....	105	12	10	10	8	9	10	11	12	7	5	4	7
Liverpool—t.....	105	12	10	10	8	9	10	11	12	7	5	4	7
RICHMOND.....	207	18	17	19	21	14	13	18	17	19	16	18	17
Rural.....	207	18	17	19	21	14	13	18	17	19	16	18	17
SHELBURNE.....	315	16	28	37	18	26	32	28	28	28	24	25	25
Rural.....	269	15	24	34	15	20	24	26	24	24	18	22	23
Urban.....	46	1	4	3	3	6	8	2	4	4	6	3	2
Shelburne—t.....	46	1	4	3	3	6	8	2	4	4	6	3	2
VICTORIA.....	140	10	15	11	17	7	12	16	11	15	8	10	8
Rural.....	140	10	15	11	17	7	12	16	11	15	8	10	8
YARMOUTH.....	496	36	49	52	39	45	42	45	44	44	26	33	41
Rural.....	264	14	23	30	25	26	24	25	26	22	12	16	21
Urban.....	232	22	26	22	14	19	18	20	18	22	14	17	20
Wedgeport—t.....	23	4	1	2	2	4	3	.....	3	.....	1	1	2
Yarmouth—t.....	209	18	25	20	12	15	15	20	15	22	13	16	18

**TABLE VI—TOTAL LIVE BIRTHS AND LIVE BIRTHS IN INSTITUTIONS SHOWING THE NUMBER OF MOTHERS NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1939**

	All Live Births		In Institutions	
	Total	Mothers Non-resident in Province	Total	Mothers Non-resident in Province
Total for the Province	11,825	37	4,510	23



**TABLE VII—BIRTHS (EXCLUSIVE OF STILLBIRTHS) TO RESIDENT AND NON-RESIDENT MOTHERS  
AND BIRTHS IN INSTITUTIONS IN CITIES AND TOWNS OF 5,000 POPULATION AND  
OVER IN THE PROVINCE OF NOVA SCOTIA, 1939**

CITIES and TOWNS	All births				Births in Institutions				Births elsewhere than in Ins.			
	Total	Resi- dent mothers	Mothers non-resident in city or town where birth occurred and		Total	Resi- dent mothers	Mothers non-resident in city or town where birth occurred and		Total	Resi- dent mothers	Mothers non-resident in city or town where birth occurred and	
			Resi- dent in prov.	Non-re- sident in prov.			Resi- dent in prov.	Non- resident in prov.			Resi- dent in prov.	Non- resident in prov.
Cities	1,711	1,242	457	12	1,154	698	446	10	557	544	11	2
Halifax.....	571	507	64	.....	331	268	63	.....	240	239	1	.....
Sydney.....												
Towns												
Amherst.....	186	152	29	5	43	19	19	5	143	133	10	.....
Dartmouth.....	113	106	7	.....	.....	.....	.....	.....	113	106	7	.....
Glace Bay.....	934	736	198	.....	827	632	195	.....	107	104	3	.....
New Glasgow.....	437	149	286	2	377	91	284	2	60	58	2	.....
New Waterford.....	286	257	28	1	156	131	24	1	130	126	4	.....
North Sydney.....	201	171	30	.....	57	28	29	.....	144	143	1	.....
Springhill.....	230	150	80	.....	184	108	76	.....	46	42	4	.....
Stellarton.....	22	17	5	.....	.....	.....	.....	.....	22	17	5	.....
Sydney Mines.....	219	212	7	.....	3	3	.....	.....	216	209	7	.....
Truro.....	221	153	68	.....	113	52	61	.....	108	101	7	.....
Yarmouth.....	209	151	57	1	100	51	49	.....	109	100	8	1













TABLE IX—BIRTHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO RACIAL ORIGIN OF PARENTS  
NOVA SCOTIA, 1938

Racial Origin of father	Racial Origin of Mother																																				
	Total	English	Irish	Scottish	Welsh	French	Armenian	Austrian	Belgian	Bulgarian	Chinese	Czech and Slovak	Danish	Dutch	Finnish	German	Greek	Hindu	Hungarian	Icelandic	Indian	Italian	Japanese	Jewish	Negro	Norwegian	Polish	Roumanian	Russian	Serb and Croat	Swedish	Swiss	Syrian	Ukrainian (1)	Other	Not Specified	
Jewish.....	32	4	1	1		1								2									25	160				1									
Negro.....	171	5	2			2								1																							
Norwegian.....	13	4	2			1																															
Polish.....	41	3	6	8		5			1																		12	1						1	4	1	
Roumanian.....	3	1		1																																	
Russian.....	5	1	1	3																								1		3							
Serb and Croat.....	5	1																																			
Swedish.....	5	2		1		2																															
Swiss.....	12	3	2	5		1								1																							
Syrian.....	28	5	5	2		3																															
Ukrainian (1).....	14								1																												
Other.....	18	5	1	4		3								2																							
Not Specified.....	2			1		1																															
Children born to married mothers	11081	4979	1160	2524	29	1464		3	17		3	4	8	261	242				7	144	35	26	163	231	2	2	4	3	6	9	24	17	9	4			
Children born to unmarried mothers.....T.	5544	2508	561	1277	14	720		1	7		1	2	4	127	123				4	125	19	13	77	13	1	1	2	1	4	7	13	11	5	3	1		
Children born to unmarried mothers.....M.	5537	2471	599	1247	15	744		2	10		2	2	4	134	119				3	19	16	13	86	218	1	2	2	2	2	2	2	1	6	4	1		
Children born to all mothers.....T.	744	292	58	184	3	97			1				2	21	12					5	2		60				1										
Children born to all mothers.....M.	375	152	32	98		43			1				2	13	4					1	4	2	25				1										
Children born to all mothers.....F.	369	140	26	86	3	54								8	8								35														
Children born to all mothers.....T.	11825	5271	1218	2708	32	1561		3	18		3	4	10	282	254				7	149	37	26	223	234	2	3	5	3	6	9	26	17	10				
Children born to all mothers.....M.	5919	2660	593	1375	14	763		1	8		1	2	6	140	127				4	126	19	13	102	15	1	3	1	4	7	14	11	5					
Children born to all mothers.....F.	5906	2611	625	1333	18	798		2	10		2	2	4	142	127				3	23	18	13	121	219	1	2	2	2	2	2	2	12	6	5			

(1)—Including "Galician" and "Bukovinian."





















TABLE XIII—DEATHS OF CHILDREN UNDER ONE YEAR (EXCLUSIVE OF STILLBIRTHS) IN THE PROVINCE  
OF NOVA SCOTIA BY MONTHS CLASSIFIED AS RURAL AND URBAN, 1939

	Total	MONTHS											
		January	February	March	April	May	June	July	August	September	October	November	December
Nova Scotia.....	761	105	77	72	75	72	58	40	50	51	46	49	66
Rural.....	358	46	38	36	38	36	25	22	21	22	22	20	32
Urban.....	403	59	39	36	37	36	33	18	29	29	24	29	34
Annapolis.....	19	3	1	2	1	4	2	2	.....	1	.....	2	1
Rural.....	.....	3	1	2	1	4	2	2	.....	1	.....	2	1
Urban.....	19	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Bridgetown—t.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Antigonish.....	13	2	3	4	2	.....	.....	.....	1	.....	.....	1	.....
Rural.....	4	.....	1	1	1	.....	.....	.....	1	.....	.....	.....	.....
Urban.....	9	2	2	3	1	.....	.....	.....	.....	.....	.....	.....	.....
Antigonish—t.....	9	2	2	3	1	.....	.....	.....	.....	.....	.....	.....	.....
Cape Breton.....	189	25	18	17	22	19	11	13	14	8	11	16	15
Rural.....	31	3	2	4	6	2	.....	3	1	1	1	4	4
Urban.....	158	22	16	13	16	17	11	10	13	7	10	12	11
Sydney—c.....	10	.....	1	.....	1	1	.....	1	2	.....	.....	2	2
Dominion—t.....	10	2	.....	2	2	.....	.....	.....	1	.....	.....	1	1
Glace Bay—t.....	73	12	7	6	4	11	4	3	4	3	6	8	5
New Waterford—t.....	27	4	2	2	5	2	3	2	3	1	2	.....	1
North Sydney—t.....	19	1	2	1	4	2	2	2	1	1	1	.....	2
Sydney Mines—t.....	19	3	4	2	.....	1	2	2	2	1	1	1	.....
Colchester.....	31	6	2	4	2	4	2	1	4	3	1	.....	2
Rural.....	23	4	2	4	2	4	.....	.....	2	3	1	.....	1
Urban.....	8	2	2	.....	.....	.....	2	1	2	.....	.....	.....	1
Truro—t.....	8	2	.....	.....	.....	.....	2	1	2	.....	.....	.....	1

Cumberland.....	60	2	6	10	8	8	2	2	4	2	6	2	8
Rural.....	23	1	3	6	4	2	2	2	2	2	3	2	8
Urban.....	37	1	3	4	4	2	6	2	2	2	3	2	3
Amherst—t.....	17			2	2		3	1	1	2	2	1	1
Joggins—t.....	1												
Oxford—t.....	5		1	2	2	2	3	1	1	1	1	1	2
Parrsboro—t.....	14			5	3	8	8	1	5	5	4	3	2
Springhill—t.....	43	1		4	2	2	6	1	1	1	4	2	4
Digby.....	34	3		1	1	1	2				3	2	4
Rural.....	9	1		1	1	1	2				1	1	
Urban.....	9	1		1	1	1	2				1	1	
Digby—t.....	21			2	1	1	4				2	2	
Guysborough.....	19			2	1	1	4				2	2	
Rural.....	2												
Urban.....	2												
Canso—t.....	2												
Halifax.....	139	22	11	7	13	8	18	4	9	16	9	9	13
Rural.....	39	9	5	1	6	1	5	2	1	2	2	1	4
Urban.....	100	13	6	6	7	7	13	2	8	14	7	8	9
Halifax—c.....	92	11	5	5	7	5	12	2	8	14	7	9	9
Dartmouth—t.....	8	2	1	1		2	1					1	
Hants.....	34	8	1	2		1	3			2	1	2	
Rural.....	23	5	6	2	6	1	2			2	1	2	
Urban.....	11	3	3	2	5	1	1			2	1	2	
Windsor—t.....	11	3	3		1	1	1						
Inverness.....	23	5	1	1		1	4	1	2	4	1	3	3
Rural.....	14	3				1	3	1		3		2	2
Urban.....	9	2	1	1			1		1	1	1	1	1
Inverness—t.....	8	1	1	1									
Port Hawkesbury—t.....	1	1	1										
Kings.....	27	6	1	4	5	2		2	2		2	2	1
Rural.....	18	6	1	3	1	1		2			2	1	1
Urban.....	9			1	4	1			2			1	
Kentville—t.....	6			1	3	1			2				
Wolfville—t.....	3			1	1	1			1			1	



TABLE XIII—DEATHS OF CHILDREN UNDER ONE YEAR—Continued

	Total	MONTHS											
		January	February	March	April	May	June	July	August	September	October	November	December
Lunenburg.....	54	3	8	7	7	7	4	5	1	3	2	3	4
Rural.....	38	2	7	3	5	4	4	3	1	2	1	3	3
Urban.....	16	1	1	4	2	3	.....	2	.....	1	1	.....	1
Bridgewater—t.....	13	1	.....	4	2	3	.....	1	.....	.....	1	.....	1
Lunenburg—t.....	3	.....	1	.....	.....	.....	.....	1	.....	1	.....	.....	.....
Mahone Bay—t.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pictou.....	35	10	5	1	1	2	3	3	2	2	.....	2	4
Rural.....	14	1	2	.....	.....	2	1	1	1	1	.....	2	3
Urban.....	21	9	3	1	1	.....	2	2	1	1	.....	2	1
New Glasgow—t.....	14	4	2	1	1	.....	2	2	1	.....	.....	.....	1
Pictou—t.....	2	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Stellarton—t.....	2	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Trenton—t.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Westville—t.....	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Queens.....	17	1	3	2	2	1	1	.....	2	.....	1	1	3
Rural.....	12	.....	1	1	.....	1	1	.....	2	.....	1	1	2
Urban.....	5	1	2	1	.....	.....	.....	.....	.....	.....	.....	.....	1
Liverpool—t.....	5	1	2	1	.....	.....	.....	.....	.....	.....	.....	.....	1
Richmond.....	12	2	.....	1	.....	1	.....	2	2	.....	.....	2	1
Rural.....	12	2	.....	1	.....	1	.....	2	2	.....	.....	2	2
Shelburne.....	17	1	2	1	1	1	3	1	1	.....	4	.....	2
Rural.....	17	1	2	1	1	1	3	1	1	.....	4	.....	2
Urban.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Shelburne—t.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Victoria.....	5	.....	4	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Rural.....	5	.....	4	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Yarmouth.....	22	5	3	2	1	1	3	1	1	1	2	2	.....
Rural.....	13	3	1	1	1	1	3	.....	1	.....	1	1	.....
Urban.....	9	2	2	1	.....	.....	.....	1	.....	1	1	1	.....
Wedgeport—t.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yarmouth—t.....	8	2	1	1	1	.....	.....	1	.....	1	1	1	1

TABLE XIV—TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE, SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1939

	All deaths under one year						In Institutions					
	Total			Non-resident in province			Total			Non-resident in province		
	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.
Total for the province .....	761	396	365	4	3	1	211	118	93	3	2	1





**Table XVI—Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia, 1939**

AGES		Total
All infants.....	T.	761
	M.	396
	F.	365
Under 1 day.....	T.	109
	M.	50
	F.	59
1 day.....	T.	42
	M.	18
	F.	24
2 days.....	T.	34
	M.	20
	F.	14
3 days.....	T.	22
	M.	13
	F.	9
4 days.....	T.	26
	M.	15
	F.	11
5 days.....	T.	15
	M.	8
	F.	7
6 days.....	T.	9
	M.	5
	F.	4
Under 1 week.....	T.	257
	M.	129
	F.	128
1 week and under 2 weeks.....	T.	32
	M.	17
	F.	15
2 weeks and under 3 weeks.....	T.	30
	M.	17
	F.	13
3 weeks and under 1 month.....	T.	29
	M.	19
	F.	10
Under 1 month.....	T.	348
	M.	182
	F.	166
1 month and under 2 months.....	T.	81
	M.	46
	F.	35
2 months and under 3 months.....	T.	81
	M.	44
	F.	37



**Table XVI—Deaths of children under one year (exclusive of still-births) by age at death, in the province of Nova Scotia  
1939—Continued**

AGES		Total
3 months and under 4 months.....	T.	69
	M.	40
	F.	29
4 months and under 5 months .....	T.	39
	M.	24
	F.	15
5 months and under 6 months .....	T.	35
	M.	15
	F.	20
6 months and under 7 months .....	T.	17
	M.	9
	F.	8
7 months and under 8 months.....	T.	28
	M.	9
	F.	19
8 months and under 9 months.....	T.	19
	M.	10
	F.	9
9 months and under 10 mos.....	T.	17
	M.	5
	F.	12
10 months and under 11 mos.....	T.	12
	M.	6
	F.	6
11 months and under 12 mos.....	T.	15
	M.	6
	F.	9

**TABLE XVII—DEATHS OF CHILDREN UNDER ONE YEAR  
(EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORD-  
ING TO RACIAL ORIGIN OF DECEDENTS, IN THE  
PROVINCE OF NOVA SCOTIA, 1939**

Racial Origin	Total
All origins.....	761
English.....	347
Irish.....	79
Scottish.....	161
Welsh.....	
French.....	90
Armenian.....	
Austrian.....	
Belgian.....	5
Bulgarian.....	
Chinese.....	
Czech and Slovak.....	
Danish.....	2
Dutch.....	6
Finnish.....	
German.....	28
Greek.....	
Hindu.....	
Hungarian.....	
Icelandic.....	
Indian.....	7
Italian.....	4
Japanese.....	
Jewish.....	
Negro.....	26
Norwegian.....	
Polish.....	1
Roumanian.....	
Russian.....	
Serb and Croat.....	1
Swedish.....	
Swiss.....	1
Syrian.....	2
Ukranian (1).....	
Other.....	1
Not specified.....	

(1) Including "Galician" and "Bukovinian"















TABLE XX—(Continued)

Int. list Number	Causes of Death	Total under 1 year			Age at Death																														
					Under 1 day		1 day and under 1 week		1 week and un- der 2 weeks		2 weeks and un- der 3 weeks		3 weeks and un- der 1 month		1 month and un- der 2 months		2 months and under 3 months		3 months and under 4 months		4 months and under 5 months		5 months and under 6 months		6 months and under 7 months		7 months and under 8 months		8 months and under 9 months		9 months and under 10 months		10 months and under 11 months		11 months and under 12 months
		T	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
157	Malformations..... (a) Congenital hydrocephalus..... (c) Congenital malformations of the heart..... (b,d,e) Others under this title.....	74	34	40	3	8	10	2	3	2	1	1	1	4	3	4	2	1	4	2	1	1	1	1	4	2	1	1	1	1	1	1	1	1	2
		11	7	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		26	13	13	1	3	5	1	1	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
158	Congenital debility.....	37	14	23	1	3	4	5	2	2	1	1	1	2	3	4	2	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
		27	15	12	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		155	71	84	28	37	24	22	5	4	2	1	3	4	2	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1
160	Premature birth.....	49	30	19	12	9	14	4	1	1	1	1	1	2	6	7	1	1	2	6	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1
		161	74	29	45	5	3	13	27	2	6	1	1	1	4	3	4	2	1	2	3	2	1	1	2	1	1	1	1	1	1	1	1	1	1
		52	24	28	4	2	11	19	2	5	1	1	1	1	2	3	4	2	1	1	2	1	1	1	2	1	1	1	1	1	1	1	1	1	1
173-175	Homicide.....	22	5	17	1	1	2	8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		176-198	8	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
		22	14	8	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
199-200	Other external causes..... Other specified causes..... Unspecified or ill-defined causes.....	16	12	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
		173-175	8	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
		22	14	8	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	

(1) No doctor in attendance

(1) No doctor in attendance





**TABLE XXII—DEATHS OCCURRING IN COUNTIES IN  
NOVA SCOTIA, 1939**

Counties (Including Cities and Towns)	Sex		Social Condition					
	Male	Female	Single	Married	Widowed	Divorced	Unknown	Total
Annapolis.....	116	100	54	91	68	1	2	216
Antigonish.....	96	91	76	78	33			187
Cape Breton.....	528	444	402	366	204			972
Colchester.....	164	164	97	138	93			328
Cumberland.....	238	200	122	180	135		1	438
Digby.....	115	111	76	85	65			226
Guysborough.....	81	66	45	52	50			147
Halifax.....	725	596	444	533	317	4	23	1321
Hants.....	136	116	81	100	70		1	252
Inverness.....	139	127	85	113	68			266
Kings.....	187	147	97	136	98	1	2	334
Lunenburg.....	225	201	118	185	121	2		426
Pictou.....	252	193	120	182	141	1	1	445
Queens.....	63	51	35	49	30			114
Richmond.....	63	66	40	41	48			129
Shelburne.....	76	83	38	68	53			159
Victoria.....	41	31	26	23	23			72
Yarmouth.....	142	150	84	144	62	2		292
Total.....	3387	2937	2040	2564	1679	11	30	6324

**TABLE XXIII—DEATHS OCCURRING IN CITIES AND TOWNS  
OF NOVA SCOTIA, 1939**

Cities and Towns	Sex		Social Condition					Total
	Male	Female	Single	Married	Widowed	Divorced	Unknown	
Amherst.....	69	58	37	62	28			127
Antigonish.....	53	49	49	49	4			102
Bridgetown.....	2	6		6	2			8
Bridgewater.....	56	50	33	56	17			106
Canso .....	7	4	6		5			11
Dartmouth.....	30	38	19	35	14			68
Digby.....	22	19	13	16	12			41
Dominion.....	17	15	17	9	6			32
Glace Bay.....	148	136	126	100	58			284
Halifax.....	499	404	308	363	206	4	22	903
Inverness.....	27	34	23	31	7			61
Joggins.....	5	5	2	5	3			10
Kentville.....	60	29	34	39	16			89
Liverpool.....	14	17	10	15	6			31
Lunenburg.....	31	18	7	25	17			49
Mahone Bay.....	2	4	2	1	3			6
New Glasgow.....	85	64	40	67	41	1		149
New Waterford.....	48	39	44	36	7			87
North Sydney.....	49	46	49	29	17			95
Oxford.....	11	6	4	9	4			17
Parrsboro.....	14	11	7	9	9			25
Pictou.....	22	21	11	20	11		1	43
Port Hawkesbury.....	5	9	1	8	5			14
Shelburne.....	5	7	2	3	7			12
Springhill.....	36	32	23	26	19			68
Stellarton.....	20	12	8	15	9			32
Sydney.....	106	74	54	88	38			180
Sydney Mines.....	59	38	36	40	21			97
Trenton.....	7	4	5		6			11
Truro.....	54	60	33	50	31			114
Wedgeport.....	3	8	5	5	1			11
Westville.....	20	13	6	17	10			33
Windsor.....	46	33	26	31	21		1	79
Wolfville.....	18	20	10	14	14			38
Yarmouth.....	65	74	43	72	24			139
Total.....	1715	1457	1093	1351	699	5	24	3172



TABLE XXIV—AGES AT WHICH DEATHS OCCURRED IN THE PROVINCE OF NOVA SCOTIA, BY COUNTIES, 1939

COUNTIES (Including cities and towns)	Under 1 Year		1		2		3		4		5-9		10-14		15-19		20-29		30-39		40-49		50-59		60-69		70-79		80-89		90-99		100 and over		Not stat- ed		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total				
Annapolis.....	10	9	1	1	1	1	1	1	1	1	1	1	3	1	3	6	3	2	3	4	4	4	8	5	19	19	32	24	24	23	4	6	1	...	216		
Antigonish.....	6	7	...	...	1	...	...	...	...	...	...	...	...	2	1	2	8	5	4	4	11	5	10	7	22	12	21	20	8	20	4	5	1	...	187		
Cape Breton.....	105	84	16	12	3	2	3	4	2	2	11	9	3	7	11	6	31	34	22	27	28	22	61	36	80	63	88	68	56	49	7	16	1	3	972		
Colchester.....	16	15	1	3	1	1	1	1	1	3	1	3	1	...	3	2	6	9	7	4	7	3	10	16	35	23	41	39	25	32	9	12	...	328			
Cumberland.....	31	29	3	1	1	1	1	1	1	2	1	5	1	1	5	1	8	7	5	13	13	13	26	11	39	31	55	45	37	31	10	15	...	438			
Digby.....	21	22	1	2	1	1	1	1	1	2	1	1	2	1	2	2	4	4	4	6	5	6	4	5	21	11	28	24	20	16	4	11	...	226			
Guysboro.....	13	8	1	1	1	1	1	1	1	2	2	1	1	1	1	1	3	1	1	2	5	2	4	6	10	6	21	9	16	23	4	8	...	147			
Halifax.....	70	69	10	10	4	3	2	3	2	2	13	9	6	7	12	6	33	36	35	36	50	43	86	67	145	85	145	112	88	89	16	15	...	41321			
Hants.....	17	17	1	1	1	1	1	1	1	1	1	1	1	1	1	3	5	4	8	5	6	9	8	20	15	36	21	32	21	5	8	1	...	252			
Inverness.....	11	12	1	1	1	1	1	1	1	1	1	1	1	1	3	1	10	5	3	7	6	4	12	11	23	15	37	25	33	6	10	1	1	...	266		
Kings.....	15	12	1	1	1	1	1	1	1	2	2	2	1	1	7	1	21	11	11	4	11	10	14	12	26	25	42	29	32	29	4	5	1	...	334		
Lunenburg.....	29	25	2	3	1	1	1	1	1	1	1	1	1	1	6	5	7	7	12	11	12	10	22	14	24	30	56	46	43	40	9	7	1	...	426		
Pictou.....	20	15	6	2	1	2	1	1	1	1	5	3	3	2	3	3	9	6	11	6	13	12	34	19	45	31	56	29	37	39	12	21	2	...	445		
Queens.....	9	8	1	1	1	1	1	1	1	1	1	1	1	1	2	2	3	2	1	3	5	4	6	4	12	8	9	6	10	13	2	3	...	114			
Richmond.....	5	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	...	1	1	2	4	4	2	7	7	12	13	15	21	10	7	1	...	129		
Shelburne.....	6	11	1	1	1	1	1	1	1	1	1	1	1	1	3	3	4	4	2	4	1	2	8	7	8	16	21	18	17	15	4	4	...	159			
Victoria.....	2	3	1	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1	1	1	4	7	4	10	6	12	6	2	5	...	72			
Yarmouth.....	10	12	1	1	1	1	1	1	1	1	4	4	2	2	4	3	7	5	6	9	6	11	16	9	30	25	26	34	27	30	3	10	...	292			
Total .....	396	365	43	39	18	11	11	9	8	12	47	29	25	31	64	36	165	145	132	148	185	161	335	243	573	426	736	568	524	530	115	168	2	12	8	4	6324

TABLE XXV—AGES AT WHICH DEATHS OCCURRED IN CITIES AND TOWNS OF NOVA SCOTIA, 1939

Cities and Towns	Under 1 year		1 yr		2 yrs		3 yrs		4 yrs		5-9 yrs		10-14 yrs		15-19 yrs		20-29 yrs		30-39 yrs		40-49 yrs		50-59 yrs		60-69 yrs		70-79 yrs		80-89 yrs		90-99 yrs		100 and over		Not stat- ed		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female			
Amherst.....	10	7	1						2		1	1	1	2	3	1	4	2	2	3	3	4	7	4	8	14	19	11	8	5	1	4				127	
Antigonish.....	6	3															6	4	4	3	3	5	6	7	11	9	2	2	2	6	1	1				102	
Bridgetown.....	4	9															4	4	4	2	1	1	7	5	8	6	13	7	1	3						106	
Canso.....	1	1							1		1	1	1	1	2																					11	
Dartmouth.....	1	7	1																																		68
Digby.....	4	5																																			41
Dominion.....	3	7																																			32
Glace Bay.....	43	30	8	2	1	1	1	1	1	1	4	3	2	2	1	3	2	1	7	10	6	27	10	4	2	2	18	19	2	2	1	4	6	9	1	8	284
Halifax.....	48	44	6	4	3	2	2	2	1	1	11	4	3	5	8	4	23	27	24	31	42	65	48	21	70	86	72	49	53	8	4	1	1	4	903		
Inverness.....	4	4													1	1	4	5	1	2	3	3	6	7	5	3	4	1	2						61		
Joggins.....	2	4													4		17	8	7	3	7	2	4	4	6	4	2	3	1	1					10		
Kentville.....	2	3													1			1	3	1	2	2	4	3	4	3	1	1	1	1					89		
Liverpool.....	3														1																					31	
Lunenburg.....																																					49
Mahone Bay.....																																					6
New Glasgow.....	7	3	2	1	1	1	1	1	2	2	2	1	1	2	1		5	5	6	3	3	15	10	14	13	18	14	9	6	3						149	
New Waterford.....	14	13	2																																		87
North Sydney.....	11	8																																			95
Oxford.....																																					17
Parrsboro.....	3	2	1																																		25
Pictou.....	1	1																																			43
Port Hawkesbury.....																																					14
Shelburne.....																																					12
Springhill.....	7	7	1												1		1	1	2	1	3	7	2	2	1	6	4	3	2	3	4	2	1	1	1	68	
Stellarton.....	1	1																																			32
Sydney.....	6	4	3						2		2	1	1	1	3		11	8	4	2	2	4	2	3	2	3	7	1	5	2	1	2	1	1	1	180	
Sydney Mines.....	13	6	1																																		97
Trenton.....	1																																				11
Truro.....	4	4	1												2		3	7	4	3	3	1	3	8	12	11	11	8	4	1	1	5	1	1	114		
Wedgeport.....																																					33
Westville.....	2	7													1																						79
Windsor.....	7	4													1		1	3	2	1	3	1	4	5	5	2	15	7	2	4	2	1	1	1	38		
Wolfville.....	1	2													4		1	1	1	1	1	2	1	3	7	5	4	6	8	1	1	4	1	1	79		
Yarmouth.....	2	6													2		2	2	5	8	4	11	6	15	11	11	14	7	12	4						38	
Total.....	211	192	31	20	10	5	6	6	5	5	32	17	11	21	37	23	99	101	93	95	121	90	209	155	310	240	308	238	190	185	33	56	1	4	8	4	3172





TABLE XXVII—TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS, CLASSIFIED ACCORDING TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA 1939

Cities and Towns	All Deaths										Deaths in Institutions										Deaths elsewhere than in Institutions									
	Total					Residents					Non-resident in city or town where death occurred and					Total					Residents					Non-resident in city or town where death occurred and				
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Cities:																														
Halifax.....	903	499	404	702	369	333	194	124	70	7	6	1	502	291	211	319	175	144	180	114	66	3	2	1	401	208	193	383	194	189
Sydney.....	180	106	74	159	93	66	21	13	8				78	47	31	57	34	23	21	13	8				102	59	43	102	59	43
Towns:																														
Amherst.....	127	69	58	97	53	44	1	11	10	9	5	4	46	25	21	17	10	7	21	11	10	8	4	4	81	44	37	80	43	37
Dartmouth.....	68	30	38	60	28	32	8	2	6				2	1	1				2	1	1				66	29	37	60	28	32
Glace Bay.....	284	148	136	250	133	117	34	15	19				134	74	60	102	59	43	32	15	17				150	74	76	148	74	74
New Glasgow.....	149	85	64	90	44	46	58	40	18	1	1		76	52	24	22	14	8	54	38	16				73	33	40	68	30	38
New Waterford.....	87	48	39	80	45	35	7	3	4				31	18	13	24	15	9	7	3	4				56	30	26	56	30	26
North Sydney.....	95	49	46	81	43	38	14	6	8				23	11	12	11	5	6	12	6	6				72	38	34	70	38	32
Springhill.....	68	36	32	55	30	25	13	6	7				35	18	17	24	13	11	11	5	6				33	18	15	31	17	14
Stellarton.....	32	20	12	31	19	12	1	1																	32	20	12	31	19	12
Sydney Mines.....	97	59	38	85	52	33	12	7	5				29	15	14	17	8	9	12	7	5				68	44	24	68	44	24
Turo.....	114	54	60	83	36	47	27	16	11	4	2	2	49	25	24	20	9	11	26	15	11	3	1	2	65	29	36	63	27	36
Yarmouth.....	139	65	74	103	49	54	35	15	20	1	1		63	27	36	28	12	16	35	15	20				76	38	38	75	37	38



**TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) BY  
SINGLE YEARS OF AGE AND BY AGE GROUPS, IN THE  
PROVINCE OF NOVA SCOTIA, 1939**

Ages	Total	Male	Female
All ages.....	6,324	3,387	2,937
Under 1 year.....	761	396	365
1 year.....	82	43	39
2 years.....	29	18	11
3 ".....	20	11	9
4 ".....	20	8	12
Total under 5 years.....	912	476	436
5 years.....	22	14	8
6 ".....	11	8	3
7 ".....	18	8	10
8 ".....	16	11	5
9 ".....	9	6	3
Total 5-9 years.....	76	47	29
10 years.....	13	5	8
11 ".....	8	2	6
12 ".....	10	6	4
13 ".....	15	9	6
14 ".....	10	3	7
Total 10-14 years.....	56	25	31
15 years.....	13	12	1
16 ".....	18	9	9
17 ".....	22	12	10
18 ".....	24	15	9
19 ".....	23	16	7
Total 15-19 years.....	100	64	36
20 years.....	24	16	8
21 ".....	35	22	13
22 ".....	23	10	13
23 ".....	27	16	11
24 ".....	31	19	12
Total 20-24 years.....	140	83	57
25 years.....	37	14	23
26 ".....	34	20	14
27 ".....	27	11	16
28 ".....	31	22	9
29 ".....	41	15	26
Total 25-29 years.....	170	82	88

**TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) Cont'd**

Ages	Total	Male	Female
30 years .....	33	19	14
31 " .....	24	10	14
32 " .....	23	11	12
33 " .....	25	10	15
34 " .....	30	12	18
Total 30-34 years.....	135	62	73
35 years .....	28	11	17
36 " .....	30	11	19
37 " .....	19	14	5
38 " .....	34	19	15
39 " .....	34	15	19
Total 35-39 years.....	145	70	75
40 years .....	29	14	15
41 " .....	23	9	14
42 " .....	34	20	14
43 " .....	30	18	12
44 " .....	33	20	13
Total 40-44 years .....	149	81	68
45 years.....	30	16	14
46 " .....	38	18	20
47 " .....	51	32	19
48 " .....	38	22	16
49 " .....	40	16	24
Total 45-49 years.....	197	104	93
50 years.....	56	30	26
51 " .....	54	30	24
52 " .....	48	35	13
53 " .....	49	30	19
54 " .....	55	26	29
Total 50-54 years.....	262	151	111
55 years.....	62	39	23
56 " .....	53	33	20
57 " .....	71	32	39
58 " .....	61	33	28
59 " .....	69	47	22
Total 55-59 years.....	316	184	132
60 years .....	79	41	38
61 " .....	82	45	37
62 " .....	76	49	27
63 " .....	90	43	47
64 " .....	103	55	48
Total 60-64 years.....	430	233	197



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**TABLE XXVIII-DEATHS(EXCLUSIVE OF STILLBIRTHS)**—Cont'd

Ages	Total	Male	Female
65 years.....	107	62	45
66 " .....	98	60	38
67 " .....	124	70	54
68 " .....	119	72	47
69 " .....	121	76	45
Total 65-69 years.....	569	340	229
70 years.....	121	64	57
71 " .....	106	61	45
72 " .....	134	78	56
73 " .....	143	91	52
74 " .....	150	82	68
Total 70-74 years.....	654	376	278
75 years.....	125	73	52
76 " .....	118	71	47
77 " .....	138	76	62
78 " .....	134	73	61
79 " .....	135	67	68
Total 75-79 years.....	650	360	290
80 years.....	136	68	68
81 " .....	105	64	41
82 " .....	132	68	64
83 " .....	105	57	48
84 " .....	110	56	54
Total 80-84 years.....	588	313	275
85 years.....	98	47	51
86 " .....	117	49	68
87 " .....	106	51	55
88 " .....	77	35	42
89 " .....	68	29	39
Total 85-89 years.....	466	211	255
90 years.....	67	28	39
91 " .....	49	18	31
92 " .....	41	16	25
93 " .....	36	16	20
94 " .....	31	16	15
Total 90-94 years.....	224	94	130
95 years.....	15	8	7
96 " .....	15	1	14
97 " .....	17	7	10
98 " .....	9	4	5
99 " .....	3	1	2
Total 95-99 years.....	59	21	38
100 years and over.....	14	2	12
Not stated... ..	12	8	4

**TABLE XXIX—DEATHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1939**

Racial Origin	Total	Male	Female
All origins.....	6,324	3,387	2,937
English .....	2,816	1,489	1,327
Irish .....	610	326	284
Scottish.....	1,739	930	809
Welsh .....	14	10	4
French .....	593	303	290
German .....	202	115	87
Armenian .....			
Austrian .....	3	3	
Belgian .....	9	4	5
Bulgarian .....	2	2	
Chinese .....	7	7	
Czech and Slovak .....	2	1	1
Danish .....	6	6	
Dutch .....	69	38	31
Finnish .....	1	1	
Greek .....	1	1	
Hindu .....	1	1	
Hungarian .....	4	3	1
Icelandic .....	1		1
Indian .....	24	14	10
Italian.....	18	12	6
Japanese .....			
Jewish .....	10	5	5
Negro.....	128	70	58
Norwegian.....	3	2	1
Polish.....	7	4	3
Roumanian.....	1		1
Russian.....	8	7	1
Serb and Croat.....	1	1	
Swedish.....	6	5	1
Swiss .....	7	4	3
Syrian.....	5	4	1
Ukrainian (1) .....	1	1	
Other.....	3	3	
Not specified.....	22	15	7

(1) Including "Galician" and "Bukovinian."























[illegible]











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Table XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA, 1939—Continued

Int. List No.	Causes of Death	Total	Ages																				Not Stated						
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years		80-84 years	85-89 years	90-94 years	95-99 years	100 years and over	
56	(b) Of the uterus..... F.																												
	(c) Of other female genital organs..... F.																												
	(d) Of the brain..... M.	3															1	1											
	(d) Of the brain..... F.	7															1	1	1	2									
	(e) Of the thyroid gland..... M.																												
	(e) Of the thyroid gland..... F.																												
	(f) Of the prostate gland..... M.																												
	(g) Of other or un-specified sites..... F.	1																		1									
	(g) Of other or un-specified sites..... F.	1																					1						
		Class III—Rheumatic diseases, diseases of nutrition and of the endocrine glands..... M.	134	8				1	1	3	4	1	3	2	3	1	5	7	10	12	20	21	17	8	6	1			
	Class III—Rheumatic diseases, diseases of nutrition and of the endocrine glands..... M.	44	5				1	1	2	2	1	1		3	1	1	3	2	3	5	4	5	1	2	1				
	Class III—Rheumatic diseases, diseases of nutrition and of the endocrine glands..... F.	90	3						1	2		2	2			4	4	8	9	15	17	12	7	4					
	Acute rheumatic fever..... M.	5							1	1	1			1					2										
	Acute rheumatic fever..... F.	9						2		2			2							2									



































TABLE XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA, 1939—Continued.

Int. List No.	Causes of Death	Total	Ages																				Not stated					
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years		80-84 years	85-89 years	90-94 years	95-99 years	100 years and over
114	Other diseases of the respiratory system (tuberculosis excepted).....	3	1																	1								
	M. ....																											
	F. ....	1																										
	(a) Chronic interstitial pneumonia including occupational diseases of the M. ....																											
	respiratory system F. ....																											
	(b) Gangrene of the M. ....																											
	F. ....	1										1																
	(c) Others under this title.....	3	1																	1								
	M. ....																											
	F. ....																											
	Class IX—Diseases of T. ....	294	41	8	3	1	2	12	6	11	6	9	6	8	19	22	17	18	17	20	27	13	12	10	6			
	the Digestive Sys- M. ....	166	24	3	3	1	1	8	3	7	3	4	3	4	18	13	10	13	5	12	13	6	7	3	2			
	F. ....	128	17	5		1	4	3	4	3	3	5	3	4	1	9	7	5	12	8	14	7	5	7	4			











































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**TABLE XXXII—SPECIAL CLASSES OF ACCIDENTAL DEATHS, NOVA SCOTIA, 1939.**  
(Included also under the numbers of the International List above)

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42	Other diseases caused by M. helminths.....	F.	768	214	4	678	64	5	18	3	62	67	70	76	54	71	63	65	55	51	64	70
43	Mycoses.....	M.	394	138	4	350	31	2	9	2	33	33	37	41	34	40	21	33	22	28	32	40
44	Other infectious or parasitic diseases.....	M.	374	176	4	328	31	3	9	1	29	34	33	35	20	31	42	33	33	23	32	30
	(a) Chicken-pox.....	M.	380	172	3	336	31	2	9	2	28	32	35	40	34	39	19	33	22	28	31	39
	(b) German measles.....	F.	350	133	3	307	30	3	9	1	26	30	30	34	19	30	40	31	31	19	30	30
45-53	Cancer and other malignant tumours.....	F.	40	6	1	34	6	1	...	...	2	3	5	4	5	8	...	4	...	2	3	4
45	Cancer of the buccal cavity and pharynx.....	M.	8	2	2	7	1	...	...	...	...	...	...	...	...	1	12	25	3	...	1	...
46	Cancer of the digestive tract and peritoneum.....	F.	229	46	1	203	17	2	6	1	18	20	17	25	17	18	12	17	15	19	20	23
	(a) Of the oesophagus.....	M.	167	73	...	146	15	2	4	...	14	16	18	16	9	17	17	17	10	11	9	18
	(b) Of the stomach and duodenum.....	F.	112	22	...	102	9	...	1	...	11	9	7	14	9	7	3	13	6	11	1	14
	(c) Of the rectum.....	M.	55	26	1	50	4	1	1	...	2	7	8	4	1	6	5	5	1	7	5	2
	(d) Of the liver and biliary ducts.....	F.	11	3	...	11	2	...	1	...	2	1	1	2	1	1	2	1	2	1	1	1
	(e) Of the pancreas.....	M.	15	2	...	12	2	...	1	...	1	1	2	2	2	2	2	1	3	2	1	3
	(f) Of the peritoneum.....	F.	21	7	...	19	2	...	...	...	4	...	3	2	2	...	1	4	2	2	2	1
47	Cancer of the respiratory organs.....	M.	10	4	...	3	1	...	...	...	...	1	1	1	1	1	...	1	...	...	...	...
	(a) Of the larynx.....	F.	4	1	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	(b) Of the lung.....	M.	5	2	...	3	1	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...
	(c) Of the mediastinum.....	F.	16	1	...	11	2	...	3	...	1	2	4	1	4	...	2	1	1	...	2	2
	(d) Of other organs of the respiratory system.....	M.	3	...	...	3	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
48	Cancer of the uterus.....	F.	70	25	...	60	7	...	3	...	5	6	3	8	5	4	7	10	13	1	5	3
	(a) Of the uterus.....	F.	44	14	...	40	2	...	2	...	3	3	1	5	3	3	5	7	6	1	5	3
	(b) Of the cervix uteri.....	F.	26	11	...	20	5	...	1	...	2	3	2	3	2	1	2	3	7	1	1	2
49	Cancer of other female genital organs.....	F.	11	5	...	9	1	...	1	...	1	...	...	2	1	1	...	1	...	...	1	2



TABLE XXXIII—Continued

Int. List No.	Causes of death	To 1	CONJUGAL CONDITION										NATIVITY				MONTHS													
			Single					Married					Canada	British	United States	Other	Not stated	January	February	March	April	May	June	July	August	September	October	November	December	
			Under 15 years	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over																		Age not stated
50	Cancer of the breast.....M. F.	53			2	3	6			1	19	4	18		49	3		4	5	6	2	3	1	6	3	3	5	10	5	
51	Cancer of the male genito-urinary organs...M. (a) Of the bladder.....M. (b) Of the kidney.....M. (c) Of the prostate gland M. (d) Of the testicles and annexa.....M. (e) Of other male genito-urinary organs M.	57 12 5 39 1	1	1	2	2	5				7	28	11		53	3		3	2	5	8	6	8	3	3	5	4	5	3	
52	Cancer of the skin.....M. F.	7 9	1	1	1	1	1			1	1	4	1		7	1		2	2	1	2	1	2	2	2	1	1	1	1	1
53	Cancer of other or un- specified organs.....M. F. (a) Of the eye and orbit M. F. (b) Of the circulatory M. system.....F. (c) Of the glandular M. system.....F. (d) Of the female urinary organs.....F. (e) Of the bones and M. joints.....F. (f) Of the brain.....M. F. (g) Of the spine and M. spinal cord.....F. (h) Of the neck.....M. F. (i) Of the abdomen M.	22 28 1 2 4 2 12 6 1 5 2 1 1 1 1 1 2 5	2	2	2	2	1			3	5	5	7		21 25	1		1	2	3	2	1	4	6	3	1	1	2	3	
			1		1					1	1	1			1	2				1					1					1
											1	1																		

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### TABLE XXIII—Continued

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TABLE XXXIII—Continued

Int. List No.	Causes of Death	Total	Conjugal condition										Nativity				Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
			Under 15 years	Single					Married					Canada	British	Foreign		January	February	March	April	May	June	July	August	September	October	November	December																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
				15 to 24 years	25 to 44 years	45 to 64 years	65 yrs and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated			Widowed	Not stated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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	(a) Pulmonary embolism and thrombosis.....F.	3		1							2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						</

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TABLE XXVIII—Continued

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TABLE XXXIV—CAUSES OF DEATH BY COUNTIES, NOVA SCOTIA, 1939

Int List No.	Causes of Death	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
	Deaths—All causes.....	6324	187	972	328	438	226	147	1321	252	266	334	426	445	114	129	159	72	292
	.....	3387	96	528	164	238	115	81	725	136	139	187	225	252	63	63	76	41	142
	.....	2937	100	444	164	200	111	66	596	116	127	147	201	193	51	66	83	31	150
	Class I—Infectious and Parasitic Diseases.....	920	32	131	42	56	30	28	180	35	42	86	41	60	19	32	23	10	56
	.....	453	13	62	19	28	13	14	89	22	20	52	17	34	9	16	8	6	23
	.....	467	19	69	23	28	17	14	91	13	22	34	24	26	10	16	15	4	33
1	Typhoid fever.....	2								1				1					
	.....																		
2	Paratyphoid fever.....																1		
	.....	1																	
4	Relapsing fever.....																		
	.....																		
5	Undulant fever.....																		
	.....																		
6	Small-pox.....																		
	.....																		
7	Measles.....	1			1				1										
	.....	2																	
8	Scarlet fever.....			1															
	.....	3		12	1			1	8					1		1			2
9	Whooping-cough.....	28		12	2	3		1	11	1		1		1					
	.....	32																	
10	Diphtheria.....	5		6					3										
	.....	10																	
11	Influenza.....	158	1	21	12	8	9	6	15	10	9	19	9	12	2	7	3	4	8
	.....	196	7	20	11	12	8	10	22	6	11	10	16	12	4	13	8	3	19
	(a) Sole cause.....	32	1	5	1	2	2	4	1		4	5	3	3	1	6	1	2	2
	.....	40		7	1	2	2				2	3	2	3					
	(b) With bronchitis.....	9		1		3			2			2						1	
	.....	12																	
	(c) With pneumonia.....	73	1	8	5	1	4	1	1	1	1	1	1	6	1	3	1	1	5
	.....	85	2	9	7	7	4	1	13	4	2	3	4	5	1	4	4		12
	(d) With other diseases of the respiratory system.....	8		3	2		2		1		1			1	1				
	.....	8		1					2		1								2
	(e) With intestinal complications.....	5					1	1			2		1						
	.....	2									1								
	(f) With other causes.....	31	3	4	4	2	1		1		3	5				2	2		1
	.....	49		3	2	3	2	4	5	1	1	3	9	2	1	3	2		4

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TABLE XXXIV—CAUSES OF DEATH BY COUNTIES—Continued

Int. List No.	Causes of Death	Total	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
33	Leprosy.....	M.																		
34	Syphilis .....	F.				1	5		1	8	1			1	3		1			1
35	Gonococcus infection and other venereal diseases.....	M.			2		1		1	2				1						
36	Purulent infection, septicaemia (non-puerperal) .....	F.		1						1					1				1	
38	Malaria.....	F.																		
39	Other diseases due to protozoal parasites .....	M.																		
40	Ankylostomiasis .....	F.																		
41	Hydatid cysts .....	M.																		
	(a) Of the liver .....	F.																		
	(b) Of other organs.....	M.																		
42	Other diseases caused by helminths.....	M.																		
43	Mycoses.....	F.					1													
44	Other infectious or parasitic diseases.....	M.													1					
	(a) Chicken-pox.....	F.													1					
	(b) German measles.....	M.																		
	(c) Others under this title .....	M.																		
	Class II—Cancer and other Tumours.....	F.	33	27	103	24	46	31	14	198	19	28	39	62	63	10	9	22	7	33
		T.	18	16	55	11	19	17	5	106	9	16	23	32	32	3	3	9	4	16
		M.	394	15	48	13	27	14	9	92	10	12	16	30	31	7	6	13	3	17
		F.	374	11	11	11	14	16	5	98	8	16	23	32	31	3	3	9	4	16
45-53	Cancer and other malignant tumours.....	M.	380	17	53	11	19	16	5	98	16	16	23	32	31	3	3	9	4	16
		F.	350	10	43	12	24	14	9	85	9	11	14	30	29	7	6	13	3	16

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CLASS III—Rheumatic Diseases, Diseases of Nutrition and of the Endocrine Glands and of the General Diseases		T.	134	7	4	18	3	4	9	2	29	5	5	7	12	8	3	1	4	3	10
56	Acute rheumatic fever.....	M.	44	1	1	6	1	1	2	1	10	2	1	6	3	2	1	1	2	1	3
	and other General Diseases	F.	90	6	3	12	2	3	7	1	19	3	4	1	9	6	2	1	2	2	7
	Acute rheumatic fever.....	M.	5			2		1		1	2		1		1	1					1
57	Chronic rheumatism, osteo-Arthritis.....	M.	1																		
	Gout.....	F.	10	2	1	1	1		1				1		2					1	
58	Gout.....	M.																			
59	Diabetes mellitus.....	F.	33	1	1	6	1	1	1	1	7	2	1	4	2	1			2	1	1
	Diabetes mellitus.....	F.	55	4	1	5	1	2	6		14	2	1	1	5	3	2	1	2		5
60	Scurvy.....	M.	1			1															
	Scurvy.....	F.																			
61	Beriberi.....	M.																			
62	Pellagra.....	F.																			
63	Rickets.....	M.																			
64	Osteomalacia.....	F.																			
65	Diseases of the pituitary gland.....	M.																			
66	Diseases of the thyroid and parathyroid glands.....	F.	1								1										1
	(a) Simple goitre.....	F.	9			2					2	1	1	1	1	1					
	(b) Exophthalmic goitre.....	M.	4			2					1				1						
	(c) Myxoedema, cretinism.....	F.	5			1					1	1	1	1	1	1					1
	(d) Tetany.....	M.	1								1										
	(e) Other under this title.....	F.																			
67	Diseases of the thymus gland.....	M.	4						1					2		1					1
	Diseases of the thymus gland.....	F.	3								1										1
68	Diseases of the adrenals (Addison's disease).....	M.	1			1															
69	Other general diseases.....	F.	2													1					
	(a) Fatty or amyloid degeneration.....	M.	2													1					
	(b) Steatosis.....	F.																			
	(c) Others under this title.....	M.																			
	Class IV—Diseases of the blood and blood forming organs.....	T.	58	1	1	6	5	2	2	2	16	2	1	2	5	6	1	1	3	1	3
	Diseases of the blood and blood forming organs.....	M.	35			3	2	2			10	1	1	1	4	4	1				
	Diseases of the blood and blood forming organs.....	F.	23			3	3	3	2		6	1		1	1	2			3	1	





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TABLE XXXIV—CAUSES OF DEATH BY COUNTIES—Continued

Int. List No.	Causes of Death	Total	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
	(e) Others under this title.....	3	1	.....	2	.....	.....	.....	1	1	.....	.....	1	2	.....	.....	.....	.....	.....	1
88	Diseases of the organs of vision.....	7	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
89	Diseases of the ear and mastoid process.....	12	.....	.....	3	3	3	1	.....	2	.....	.....	1	1	.....	.....	.....	1	.....	1
	(a) Otitis .....	5	.....	.....	1	1	1	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(b) Diseases of the Mastoid process.....	7	.....	.....	3	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
	(c) Others under this title.....	5	.....	.....	1	.....	2	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
	Class VII—Diseases of the circulatory system.....	4	.....	.....	1	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		1594	77	31	215	96	128	63	22	300	77	61	74	123	117	29	19	53	14	95
90-95	Diseases of the heart.....	878	44	18	114	49	71	38	9	161	44	34	41	67	73	18	12	28	8	49
		716	33	13	101	47	57	25	13	139	33	27	33	56	44	11	7	25	6	46
		572	28	16	76	29	44	22	8	92	29	24	30	48	51	13	9	18	5	30
		425	18	11	68	31	29	12	10	73	23	18	19	40	23	4	4	14	5	23
90	Pericarditis .....	2	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
91	Acute endocarditis.....	1	.....	.....	4	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	.....	.....	1
	(a) Endocarditis specified as acute.....	7	1	.....	2	.....	.....	.....	.....	2	.....	.....	.....	.....	1	.....	.....	.....	.....	.....
	(b) Endocarditis unspecified (under 45 years of age).....	5	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		4	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(b) Endocarditis unspecified (under 45 years of age).....	3	.....	.....	1	.....	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		3	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
92	Chronic endocarditis, valvular diseases.....	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		158	13	7	12	11	11	15	1	24	13	11	5	6	11	.....	4	8	.....	6
	(a) Endocarditis specified as chronic and other valvular diseases.....	118	4	5	12	11	8	6	.....	23	7	9	4	11	5	2	3	5	1	2
	(b) Endocarditis, unspecified, (45 years and over).....	142	13	7	8	10	11	14	1	23	11	9	5	6	8	.....	4	7	.....	5
		109	4	5	8	11	8	6	.....	22	6	7	4	11	4	2	3	5	1	1
		16	.....	.....	4	1	.....	1	.....	1	1	2	.....	.....	3	.....	.....	.....	.....	.....
93	Diseases of the myocardium.....	9	.....	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
		85	2	.....	14	4	7	1	.....	17	2	3	3	10	10	3	2	3	1	3
	(a) Acute myocarditis.....	114	4	1	23	10	12	2	5	13	2	4	2	12	11	1	.....	4	1	7
	(b) Myocarditis, unspecified, (under 45 years of age).....	4	.....	.....	2	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(c) Chronic myocarditis and myocardial degeneration.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	(d) Myocarditis, unspecified, (45 years and over).....	49	2	.....	1	3	2	1	.....	13	1	2	2	8	5	3	1	.....	1	2
		65	4	1	10	6	4	1	3	8	2	3	2	10	4	1	.....	.....	1	5
		31	.....	.....	7	1	5	1	.....	3	1	.....	1	2	5	.....	1	3	.....	1
		44	.....	.....	10	4	8	1	1	4	.....	1	.....	2	7	.....	1	.....	.....	2

94	Diseases of the coronary arteries and angina pectoris.....	M. F.	256 121	12 8	4	37 17	11 6	20 7	4 2	6 4	39 22	12 7	17 5	30 13	19 6	8 1	3 1	5 3	2 10	17 10
	(a) Diseases of the coronary arteries.....	M. F.	8 1			2					5 1			1						
	(b) Embolism and thrombosis of the coronary arteries.....	M. F.	202 97	12 7		31 17	9 5	17 5	3 1	4 3	30 17	9 6	7 5	14 11	13 4	6 1	1 2	2 3	2 3	14 8
	(c) Angina pectoris.....	M. F.	46 23	1 1	4 4	4 4	2 2	3 3	1 1	2 2	4 4	3 3	3 3	5 2	2 2	2 2	1 1	3 3	2 2	3 3
95	Other diseases of the heart.....	M. F.	64 66	1 1	5 5	9 14	3 4	6 4	2 2	1 1	11 12	2 2	5 4	5 4	9 1	2 2	2 2	2 2	3 4	1 1
	(a) Functional diseases of the heart.....	M. F.	14 13	1 1	1 1	2 2		1 1		1 1	1 1	4 3	1 1	3 3	1 1	2 2	1 1	1 1	1 1	2 2
	(b) Other and unspecified.....	M. F.	50 53	1 1	4 5	9 12	2 4	5 2	2 2	1 1	11 11	1 1	1 1	2 3	8 1	1 1	1 1	1 1	1 1	3 3
96	Aneurysm (except of the heart).....	M. F.	4 3	1 1		2 2					1 1	4 3								
97	Arteriosclerosis (of coronary arteries excepted).....	M. F.	235 210	14 13	1 1	23 17	16 13	21 26	12 11	1 1	53 52	13 9	7 6	14 7	18 11	3 2	3 2	8 1	17 19	2 2
98	Gangrene.....	M. F.	9 8	1 1	1 1	1 1					2 4	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1
99	Other diseases of the arteries.....	M. F.	2 8		1 1	1 2	1 1	1 1					2 1	2 1					1 1	2 2
100	Diseases of the veins (varices, haemorrhoids, phlebitis, etc.).....	M. F.	1 8			2 2						1 1		1 2						
101	Diseases of the lymphatic system (lymphangitis, etc.).....	M. F.																		
102	Idiopathic abnormalities of blood pressure.....	M. F.	54 53	1 2		11 11	3 2	5 2	3 2		13 8	2 2	1 3	5 6	2 7	2 5	1 1	2 2		
103	Other diseases of the circulatory system.....	M. F.	1 1			1 1									1 1					
	Class VIII—Diseases of the respiratory system.....	T. M.	565 304	15 7	8 3	126 72	34 14	58 19	19 12	15 10	123 72	19 11	33 16	21 9	48 28	7 3	12 6	3 1	3 1	2 2
104	Diseases of the nasal fossae and annexa.....	M. F.	261 3	8 2	5 1	54 1	20 1	19 1	7 1	5 1	51 1	8 1	17 12	20 15	1 1	4 4	6 6			
105	Diseases of the larynx.....	M. F.	4 1	1 1		1 2			1 1	1 1				1 1						
	(a) Croup.....	M. F.	1 2			1 1														
	(b) Other diseases of the larynx.....	M. F.	2 1			1 2				1 1				1 1						
106	Bronchitis.....	M. F.	7 14	1 1		2 3	1 3	1 1	1 1	1 1	2 2		2 1	1 1	1 1		1 1			
	(a) Acute.....	M. F.	5 4			2 1	3 1													
	(b) Chronic.....	M. F.	4 3			1 1			1 1	1 1	2 2				1 1					
	(c) Unspecified.....	M. F.	3 6			1 1	1 1	1 1							1 1					





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TABLE XXXIV—CAUSES OF DEATH BY COUNTIES—Continued

Int. List No.	Causes of Death	Total	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
	(a) Congenital hydrocephalus.....	7	2	2	2	1	1	1		1	1		1		1					
	(b) Spina bifida and meningocele.....	5	1	1	1															
	(c) Congenital malformations of the heart.....	13	1	1	4	2	2	1		1	1			1		1		2		
	(d) Monstrosities.....	16	1	1	4	1	1	1		4	4	1		2				1		1
	(e) Others under this title.....	13																		
	Class XV—Diseases of early infancy.....	12	2	1	5	1	3	1		2	2				1					
	(a) Congenital debility.....	11	1	1	1	1	1	1		6	1	1			1					
158	Premature birth.....	305	8	7	56	13	24	25	7	49	19	8	10	26	14	9	8	8	2	12
159	Injury at birth.....	145	4	3	31	7	11	12	2	23	11	4	5	16	6	4	3	2		4
160	(a) With mention of caesarean operation.....	160	4	4	25	6	13	13	5	26	11	4	5	10	8	5	5	6	2	8
	(b) Without mention of caesarean operation.....	15	2	1	5	1	1	1		1	2			2	1		1	1		
	Other diseases peculiar to early infancy (under 3 months).....	12	1	1	2	1	4	4	2	13	4	2	3	9	4	2	1	1		1
	(a) Atelectasis.....	84	2	1	15	5	4	9	3	14	7	1	1	2	6	4		4		2
	(b) Icterus of the new-born.....	30	1	1	14	2	5	5		5	1		2	8	1			1		1
	(c) Sclerema and oedema.....	19			6	2	3	4		5	2	1	1							3
	(d) Athrepsia.....	29	1	1	4	1	1	1		2	2	1	1	5	1	2	1	1	2	1
161	(e) Others, including lack of care.....	45	1	1	5	2	4	2	2	9	2	3	1	1	1	1	4	1		3
	(f) No cause given, no doctor in attendance.....	3	1	1	1		1			1						1				1
	Class XVI—Senility.....	4																		1
	(a) Congenital hydrocephalus.....	17	1	1	1	1	1	1	1	4	1	2					4		2	2
	(b) Spina bifida and meningocele.....	228	3	16	21	15	13	5	8	37	8	17	7	9	13	6	28	4	16	9
	(c) Congenital malformations of the heart.....	101	2	8	9	7	8	2	2	13	3	8	1	1	5	4	15	2	4	1
	(d) Monstrosities.....	127	1	8	12	8	5	5	6	24	5	9	6	5	8	2	13	2	7	1

162 Senility.....	M.	101	2	8	9	7	8	2	13	3	8	1	4	5	4	15	2	9	1
(a) With senile dementia (70 years and over)	F.	127	1	8	12	8	5	5	6	5	9	6	5	8	2	13	2	7	1
(b) Without senile dementia (70 years and over)	F.	3						1			1								
(c) Premature senility (55 years but under 70 years)	M.	99	2	8	9	6	8	2	13	3	8	1	4	4	4	15	2	9	1
	F.	124	1	8	12	8	5	4	6	5	8	6	5	8	2	13	2	7	1
Class XVII—Violent or Accidental Deaths.....	M.																		
163—Suicides.....	F.	38	11	10	62	25	22	7	5	6	4	25	26	34	10	3	9	4	19
171 Suicide by solid or liquid poisons or by absorption of corrosive substances.....	M.	273	7	7	44	18	19	6	4	5	4	20	17	22	8	1	8	3	13
164 Suicide by poisonous gas.....	F.	116	4	3	18	7	3	1	1	1	1	5	9	12	2	2	1	1	6
165 Suicide by hanging or strangulation.....	M.	27		1	2	3	4	2	1	2		2	2	2	2				
166 Suicide by drowning.....	F.	11		1									3	1					
167 Suicide by firearms.....	M.	3				1	1												
168 Suicide by cutting or piercing instruments.....	F.	4		1									1						
169 Suicide by jumping from high places.....	M.	10			1	2	3	1		1		2							
170 Suicide by crushing.....	F.																		
171 Suicide by other means.....	M.	1																	
173—Homicides.....	F.	2																	
175 Homicide by firearms.....	M.	4			1	1							1						
173 Homicide by firearms.....	F.	1																	
174 Homicide by cutting or piercing instruments.....	M.	1																	
175 Homicide by other means.....	F.	3																	
176 Other violent deaths.....	M.	244	7	6	42	15	15	4	3	3	4	18	14	20	6	1	7	3	13
198 Attack by venomous animals.....	F.	104	4	2	17	6	3	1	1	35	1	5	6	11	2	2	1	1	6
176 Attack by venomous animals.....	M.																		
177 Food poisoning.....	F.	1																	
178 Accidental absorption of toxic gases.....	M.	1						1											
179 Other acute accidental poisonings (except by gas).....	F.	1											1						





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# SPECIAL CLASSES OF ACCIDENTAL DEATHS FOR COUNTIES OF NOVA SCOTIA, 1939

(Included also under the numbers of the International List above.)

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TABLE XXXV—Continued

Int. List No.	CAUSES OF DEATH	Total	Amherst	Antigonish	Bridgetown	Bridgewater	Canso	Dartmouth	Ligby	Dominion	Glace Bay	Halifax	Inverness	Joggins	Kentville	Liverpool	Lunenburg	Mahone Bay	New Glasgow	New Waterford	North Sydney	Oxford	Parrsboro	Pictou	Port Hawkesbury	Shelburne	Springhill	Stellarton	Sydney	Sydney Mines	Trenton	Truro	Wedgeport	Westville	Windsor	Wolfville	Yarmouth	
	(c) Not specified.....	2		1								1	1																									
33	Leprosy.....	1																																				
34	Syphilis.....	15	2							1	2	7							1								2											1
35	Gonococcus infection and other venereal diseases.....	5	1								2	1																										
36	Purulent infection, septi- caemia (non-puerperal).....	3		1								1							1																			
38	Malaria.....																																					
39	Other diseases due to protozoal parasites.....																																					
40	Ankylostomiasis.....																																					
41	Hydatid cysts.....																																					
	(a) Of the liver.....																																					
	(b) Of other organs.....																																					
42	Other diseases caused by hel- minths.....																																					
43	Mycoses.....																																					
44	Other infectious or parasitic diseases.....	1																																				
	(a) Chicken-pox.....	1																																				
	(b) German measles.....																																					
	(c) Others under this title.....																																					
423	Class II—Cancer and other tumours.....	209	15	18	2	15	1	9	7	1	33	152	6	2	9	2	8		25	5	12	2	1	6	2	2	4	7	23	12	11	11	2	4	7	6	12	
209			2	11		8		4	4	1	16	82	3	2	1	1	3		11	3	7	1	1	3	1	2	4	2	12	5	5	5	6	3	4	1	4	
214			13	7	2	7	1	5	3		17	70	3				5		14	2	5	1	1	3	1	1	4	5	1	7	7	6	2	1	3	5	8	

45-53	Cancer and other malignant tumours.....	M.	200	2	11	8	4	4	1	14	75	3	2	8	1	3	11	3	7	1	3	1	2	12	5	3	4	1	4	
45	Cancer of the buccal cavity and pharynx.....	F.	194	11	6	2	7	1	5	3	15	63	3	1	1	5	13	2	4	1	2	4	5	11	6	1	2	4	1	
46	Cancer of the digestive tract and peritoneum.....	M.	22	5	1	1	1	1	1	1	14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	(a) Of the oesophagus.....	F.	117	2	8	5	3	4	1	9	37	1	1	2	1	1	8	2	5	1	2	2	3	7	4	1	2	1	2	
	(b) Of the stomach and duodenum.....	M.	85	6	1	1	2	2	1	7	27	1	1	1	1	3	3	2	3	3	2	1	3	3	1	1	1	2	2	
	(c) Of the rectum.....	F.	6	1	1	1	1	3	1	5	18	1	1	1	1	1	3	2	4	1	1	2	4	2	1	1	1	1	1	
	(d) Of the liver and biliary ducts.....	M.	57	1	4	1	1	1	1	4	3	1	1	1	1	1	2	2	1	1	2	1	1	1	1	1	1	1	1	
	(e) Of the pancreas.....	F.	29	3	2	1	1	1	1	4	3	1	1	1	1	1	2	1	1	1	1	2	1	1	1	1	1	1	1	
	(f) Of the peritoneum.....	M.	10	2	1	1	1	1	1	2	3	1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	
	(g) Of other organs.....	F.	7	6	2	1	1	2	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
47	Cancer of the respiratory organs.....	M.	29	1	2	2	2	1	1	1	9	1	1	1	1	2	2	2	1	1	2	2	1	1	1	1	1	1	1	
	(a) Of the larynx.....	F.	37	3	3	1	1	1	1	2	14	7	1	1	1	2	2	1	1	1	1	1	1	3	1	1	1	1	1	
	(b) Of the lung.....	M.	17	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	
	(c) Of the mediastinum.....	F.	3	4	1	1	1	1	1	4	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	(d) Of other organs of the respiratory system.....	M.	4	1	1	1	1	1	1	2	2	2	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	
48	Cancer of the uterus.....	F.	10	2	1	1	1	1	1	2	1	1	1	1	1	1	2	2	1	1	1	1	2	1	1	1	1	1	1	
	(a) Of the uterus.....	F.	46	3	3	1	2	1	1	4	12	2	2	1	1	1	5	1	1	1	1	1	4	3	1	1	1	1	3	3
	(b) Of the cervix uteri.....	F.	26	2	1	1	1	1	1	2	6	1	1	1	1	1	4	1	1	1	1	1	1	2	1	1	1	1	1	
49	Cancer of other female genital organs.....	F.	20	1	1	1	1	1	1	2	6	1	1	1	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	
50	Cancer of the breast.....	M.	8	2	1	1	1	1	1	5	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
51	Cancer of the male genital organs.....	F.	25	2	2	2	1	1	1	3	8	2	1	4	2	2	2	2	1	1	1	1	1	1	2	1	1	1	1	
	(a) Of the bladder.....	M.	28	1	1	1	1	1	1	3	10	2	1	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
	(b) Of the kidney.....	M.	8	1	1	1	1	1	1	4	4	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	
	(c) Of the prostate gland.....	M.	18	1	1	2	1	1	1	2	1	5	2	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
	(d) Of the testicle and annexa.....	M.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
52	Cancer of the skin.....	M.	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
53	Cancer of other or unspecified organs.....	F.	20	1	1	1	1	1	1	1	6	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	2	



TABLE XXV—Continued

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TABLE XXV—Continued

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TABLE XXXV—Continued

Int. List No.	CAUSES OF DEATH	REPORT OF THE DEPARTMENT OF HEALTH																																				
		Amherst	Antigonish	Bridgetown	Bridgewater	Canso	Dartmouth	Digby	Dominion	Glace Bay	Halifax	Inverness	Joggins	Kentville	Liverpool	Lunenburg	Mahone Bay	New Glasgow	New Waterford	North Sydney	Oxford	Parssboro	Pictou	Pt. Hawkesbury	Shelburne	Springhill	Stellarton	Sydney	Sydney Mines	Trenton	Truro	Wedgeport	Westville	Windsor	Wolfville	Yarmouth		
83	General paralysis of the insane.....																		1		1																	
84	Dementia praecox and other psychoses.....										3												1															
	(a) Dementia praecox.....										1																											
	(b) Other psychoses.....										2												1															
85	Epilepsy.....										1																											
	(a) Epilepsy.....										1																											
86	Convulsions (under 5 years of age).....										1																											
87	Other diseases of the nervous system.....										1																											
	(a) Chorea.....										1																											
	(b) Neuralgia and Neuritis.....																																					
	(c) Paralysis agitans.....										1																											
	(d) Sclerosis (other than of the spinal cord).....										1																											
	(e) Others under this title.....										3																											
88	Diseases of the organs of vision.....										1																											
89	Diseases of the ear and mastoid process.....										1																											
	(a) Otitis.....										1																											
	(b) Diseases of the Mastoid process.....																																					
	(c) Others under this title.....																																					
	Class VII—Diseases of the circulatory system.....	724	32	7	4	18		18	9	9	62	204	10	2	11	8	21	4	36	9	20	2	2	7	9	9	2	23	12	51	19	5	22	1	14	17	9	38
	T.....	401	18	3	2	11		11	7	5	26	111	5	1	8	4	11	1	18	5	12	2	5	7	4	4	13	10	33	11	3	9	1	9	9	5	22	
	F.....	323	14	4	2	7		7	2	4	36	93	5	1	3	3	10	3	18	4	8		2	2	2	5	5	2	10	2	18	8	13	1	5	8	4	16

## REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 229

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TABLE XXXV—Continued

Int. List No.	CAUSES OF DEATH	Total	Amherst	Antigonish	Bridgetown	Bridgewater	Canso	Dartmouth	Digby	Dominion	Glace Bay	Halifax	Inverness	Joggins	Kentville	Liverpool	Lunenburg	Mahone Bay	New Glasgow	New Waterford	North Sydney	Oxford	Parsonsboro	Pictou	Pt. Hawkesbury	Shelburne	Springhill	Stellarton	Sydney	Sydney Mines	Trenton	Truro	Wedgeport	Westville	Windsor	Wolfville	Yarmouth
	(a) Diarrhoea and enteritis M.	4	1									1	1								1			1													
	(b) Ulceration of the in- testines..... M.	4						1																													
	(b) Ulceration of the in- testines..... F.	1																																			
121	Appendicitis..... M.	26	1	1	1	1			1		3	8	1						1		2							1		2	1	1	1	1	1	2	1
122	Hernia, intestinal obstruction M.	16	1	1	1	1			1		1	3	1						1		1							1		2	1	1	1	1	1	1	1
	(a) Hernia..... M.	24	1	1	1	1			1		2	4	1						1		1							1		1	1	1	1	1	1	1	1
	(a) Hernia..... F.	11									1	1	1																								
	(b) Intestinal obstruction M.	13	1								2	4	1						1		1							2		1	1	1	1	1	1	1	1
123	Other diseases of the intestines..... M.	9		1								2	5						1		1							1		1							
124	Cirrhosis of the liver..... M.	10									2	5	1						1		1									1							
	(a) Specified as alcoholic. M.	4										1	1						1		1									1							
	(b) Not specified as alcoholic. F.	2										1	1						1		1									1							
125	Other diseases of the liver..... M.	8									2	4	1						1		1									1							
	(a) Yellow atrophy of the liver..... M.	4									1	2	1						1		1									1							
	(b) Others under this title..... M.	5										1	1						1		1									1							
	(b) Others under this title..... F.	1									1	1	1						1		1									1							
126	Biliary calculi..... M.	4										1	2						1		1									1							
	Biliary calculi..... F.	3									1	3	1						1		1									1							
127	Other diseases of the gall- bladder and biliary passages F.	12		2		1					1	1	2						1		1									1							
128	Diseases of the pancreas..... M.	6				3						1	1							1																	
	Diseases of the pancreas..... F.	8										2	1																								
129	Peritonitis, cause not specified..... M.	1		1									1																								
	Class X—Diseases of the genito-urinary system..... T.	233	14	13	1	7	2	6	1	2	8	69	7	1		2	4		12	6										13	16	1					
	Class X—Diseases of the genito-urinary system..... M.	155	12	7	1	5	2	4	1	1	6	49	2			1	4		8	4										5	10	1					
	Class X—Diseases of the genito-urinary system..... F.	78	2	6	1	2	2	2	2	1	2	20	5	1		1	1		4	2										3	6						

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**SPECIAL CLASSES OF ACCIDENTAL DEATHS**  
(Included also under the numbers of the International List)  
**PROVINCE OF NOVA SCOTIA, 1939**

	CAUSE OF DEATH	Male	Female
	A.—Accidents in mines and quarries.....	19	
182	Accidental mechanical suffocation.....	1	
185	Accidental injury by cutting or piercing instruments.....	1	
186	Accidental injury by fall, crushing or land-slide.....	15	
194	Other accidents.....	2	
	B.—Accidents caused by machines .....	6	
185	Accidental injury by cutting or piercing instruments.....	2	
186	Accidental injury by fall, crushing or land-slide.....	4	
	C.—Railway accidents.....	9	
183	Accidental drowning.....	1	
186	Accidental injury by cutting or piercing instruments.....	8	
	E.—Automobile and motorcycle accidents.....	60	24
183	Accidental drowning.....		2
186	Accidental injury by cutting or piercing struments.....	60	22
	F.—Other land transportation.....	4	
186	Accidental injury by cutting or piercing instruments.....	4	
	G.—Water transportation.....	13	
180	Conflagration.....	1	
183	Accidental drowning.....	11	
186	Accidental injury by cutting or piercing instruments.....	1	
	H.—Air transportation.....	1	
186	Accidental injury by cutting or piercing instruments.....	1	







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TABLE XXXVI—Continued

Int. List No.	Causes of Death	Total	Ages																				Not stated				
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years		80-84 years	85-89 years	90-94 years	95-99 years
45-53	Class II—Cancer and other Tumours .....	152						1	1	1	2	1	6	8	7	20	15	21	25	14	14	9	6				
	T. ....	82						1	1	1	2	1	9	2	5	10	7	12	17	8	6	5					
	F. ....	70						1	1	1			5	6	2	10	8	9	8	6	8	4	1				
45	Cancer and other malignant tumours.....	75								1	2	1	1	2	5	9	5	12	15	7	6	5	4				
	T. ....	63											5	5	1	10	6	9	7	6	8	4	1				
	F. ....	14											1	1			1	2	6	1	1	1	1				
46	Cancer of the buccal cavity and pharynx																										
	T. ....																										
	F. ....																										
	Cancer of the digestive tract and peri- toneum.....	37										1	1	1	2	4	4	6	7	5	3	1	2				
	T. ....	27											1	1		6	1	6	4	4	2	2					
	F. ....	3																	1	1	1						
	(a) Of the oesophagus.....																										
	T. ....																										
	F. ....																										
	(b) Of the stomach and duodenum.....	18										1	1	1	2	1	3	2	4	2	1	1	1				
	T. ....	4																									
	F. ....	3																	1	1	1	1					
	(c) Of the rectum.....																										
	T. ....																										
	F. ....																										
	(d) Of the liver and biliary ducts.....	22																									
	T. ....	3																									
	F. ....	2																									
	(e) Of the pancreas.....																										
	T. ....																										
	F. ....																										
	(f) Of the peritoneum.....	1																									
	T. ....																										
	F. ....	9																									
	(g) Of other organs.....	14																									
	T. ....																										
	F. ....																										



















[illegible]



TABLE XXXVI—Continued

Int. List No.	Causes of Death	Total	Ages																				Not stated						
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years		80-84 years	85-89 years	90-94 years	95-99 years	100 years and over	
90-95	(a) Otitis.....	M.																											
	(b) Diseases of the mastoid process.....	F.	1																										
	(c) Others under this title.....	M.	1													1													
	Class VII—Diseases of the circulatory system.....	F.											1	3	6	15	12	28	35	30	27	23	12	5	2				
		T.	204							1	4																		
	Diseases of the heart.....	M.	111								1	1																	
		F.	93									1	3	1															
	Pericarditis.....	M.	66												2	1	7	6	13	10	16	13	7	8	3	1			
		F.	46								1	3		1		1	4	2	7	16	7	10	9	4	1				
	90	Acute endocarditis.....	M.	1														1				1							
F.		1																											
91	(a) Endocarditis specified as acute.....	M.	2							1	1																		
	F.																												
92	(b) Endocarditis unspecified (under 45 years of age).....	M.	2							1	1																		
	F.																												
92	Chronic endocarditis, valvular diseases.....	M.	16																										
	F.	10								1	1		1	1	3		1	4			2	1	1	1					
92	(a) Endocarditis specified as chronic and other valvular diseases.....	M.	15																										
	F.	9																											













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TABLE XXVI—Continued

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(a) Of the larynx.....	M.	4																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																</
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TABLE XXXVII—Continued

CAUSES OF DEATH		CONJUGAL CONDITION												NATIVITY				MONTHS												
		Single						Married						Canada	British	Foreign		January	February	March	April	May	June	July	August	September	October	November	December	
		Under 15 years	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated	United States			Other	Not Stated													
Int. List No.	Total																													
106	Bronchitis.....	M.																												
		F.																												
	(a) Acute.....	M.																												
		F.																												
	(b) Chronic.....	M.																												
		F.																												
107	Unspecified.....	M.																												
		F.																												
	Bronchopneumonia .....	M.	13	11																										
		F.	8	3																										
	(a) Bronchopneumonia.....	M.	13	11																										
		F.	8	3																										
108	Capillary bronchitis.....	M.																												
		F.																												
	Lobar pneumonia.....	M.	18	4	1	1	1																							
		F.	13	2	2	1	2																							

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TABLE XXXVIII—MARRIAGES BY MONTHS IN THE PROVINCE OF NOVA SCOTIA, 1939

COUNTIES (Including Cities and Towns)	MONTHS											
	January	February	March	April	May	June	July	August	September	October	November	December
Annapolis.....	4	3	3	7	11	14	11	9	19	12	12	10
Antigonish.....	7	6	1	4	3	7	6	6	6	9	17	6
Cape Breton.....	66	74	23	63	65	82	56	83	135	113	149	68
Colchester.....	11	12	11	21	22	39	17	26	31	24	24	30
Cumberland.....	22	16	15	17	20	30	32	34	52	37	43	33
Digby.....	8	13	3	7	9	14	13	15	17	24	33	13
Guysboro.....	5	7	1	5	4	8	13	9	14	12	6	12
Halifax.....	57	52	42	57	87	99	89	93	207	162	197	156
Hants.....	8	8	8	8	10	17	9	14	32	22	16	12
Inverness.....	14	5	1	8	3	10	7	4	9	10	18	13
Kings.....	8	13	14	14	2	26	18	29	32	29	35	45
Lunenburg.....	15	14	12	10	12	23	18	22	45	38	41	36
Pictou.....	20	13	11	19	15	36	22	23	43	46	48	27
Queens.....	9	5	3	5	8	13	7	10	16	17	11	17
Richmond.....	10	8	....	1	1	7	3	7	8	5	4	4
Shelburne.....	7	5	6	7	9	7	9	7	13	12	14	10
Victoria.....	3	2	1	2	....	2	1	3	6	4	7	3
Yarmouth.....	16	12	2	13	22	27	12	16	36	28	22	7
Total.....	5,024	290	157	268	303	461	343	410	721	604	697	502



TABLE XXXIX—MARRIAGES ACCORDING TO AGES, IN THE PROVINCE OF NOVA SCOTIA, 1939.

Counties (Including Cities and Towns)	Ages of Men								Ages of Women							
	Under 21	21 to 25	26 to 30	31 to 40	41 to 50	51 to 60	Over 60	Not stated	Under 21	21 to 25	26 to 30	31 to 40	41 to 50	51 to 60	Over 60	Not stated
Annapolis.....	9	45	33	18	3	5	2	.....	32	49	24	6	2	1	1	.....
Antigonish.....	.....	21	28	24	3	.....	2	.....	15	34	18	9	2	.....	.....	.....
Cape Breton.....	69	372	300	169	37	20	10	.....	270	443	168	64	23	5	3	1
Colchester.....	24	110	74	41	11	5	3	.....	71	122	45	20	8	2	.....	.....
Cumberland .....	36	151	93	53	11	3	4	.....	126	143	49	27	4	1	1	.....
Digby .....	7	66	54	29	6	5	2	.....	51	64	26	22	1	3	2	.....
Guysboro.....	6	41	23	18	5	2	1	.....	38	35	11	10	1	1	.....	.....
Halifax.....	78	546	400	201	56	9	8	.....	339	563	263	102	22	6	3	.....
Hants.....	19	75	39	24	3	3	1	.....	70	61	23	6	4	.....	.....	.....
Inverness.....	6	38	22	24	5	6	.....	1	29	44	14	10	2	1	2	.....
Kings.....	15	120	75	40	6	4	5	.....	81	116	33	22	8	3	2	.....
Lunenburg.....	23	134	87	34	4	2	2	.....	119	115	37	13	.....	2	.....	.....
Pictou.....	17	128	101	56	9	10	2	.....	89	127	69	25	9	4	.....	.....
Queens.....	12	49	33	17	2	4	4	.....	57	36	13	9	3	1	2	.....
Richmond.....	1	12	21	14	6	2	2	.....	12	21	12	8	3	2	.....	.....
Shelburne.....	11	48	28	13	1	1	4	.....	44	42	10	6	4	.....	.....	.....
Victoria.....	1	13	6	10	2	1	1	.....	12	9	4	7	.....	1	1	.....
Yarmouth.....	19	89	50	31	9	8	7	.....	78	78	29	15	3	6	4	.....
Total .....	353	2058	1467	816	179	90	60	1	1533	2102	848	381	99	39	21	1

**TABLE XL—MARRIAGES REPORTED IN RURAL AND URBAN PARTS OF COUNTIES, NOVA SCOTIA, 1939.**

COUNTIES	Total	Rural	Urban
Total for the Province.....	5024	1843	3181
Annapolis.....	115	98	17
Antigonish.....	78	40	38
Cape Breton.....	977	157	820
Colchester.....	268	99	169
Cumberland.....	351	99	252
Digby.....	169	139	30
Guysboro.....	96	83	13
Halifax.....	1298	241	1057
Hants.....	164	87	77
Inverness.....	102	78	24
Kings.....	265	138	127
Lunenburg.....	286	150	136
Pictou.....	323	72	251
Queens.....	121	82	39
Richmond.....	58	58	.....
Shelburne.....	106	81	25
Victoria.....	34	34	.....
Yarmouth.....	213	107	106



**TABLE XLI—MARRIAGES—CONJUGAL CONDITION OF CONTRACTING PARTIES IN THE PROVINCE OF NOVA SCOTIA, 1939.**

Total for the province .....	Total Marriages			Marriages between									Per cent. of bridegrooms who were			Per cent. of brides who were		
	Bachelors and			Widowers and			Divorced men and											
	Spinsters	Widows	Divorced Women	Spinsters	Widows	Divorced Women	Spinsters	Widows	Divorced Women	Bachelors	Widowers	Divorced	Spinsters	Widows	Divorced			
5,024	4,579	26	188	75	8	41	8	3	93.6	5.4	1.0	95.7	3.6	0.7				













TABLE XLIV—Continued

Denomination of Groom	Denomination of Bride																													
	Total Grooms	Adventists	Anglicans	Baptists	Brethren	Christians	Christian Science	Church of Christ	Disciples	Evangelicals	Friends	Greek Catholics	Greek Orthodox	Holiness Movement	Jews	Lutherans	Mennonites	Mormons	Pentecostal	Presbyterians	Protestants	Roman Catholics	Salvation Army	Unitarians	United Brethren	United Church	Oriental Religions	No Religion	Other Sects	Not Stated
Mormons.....	1															1										3		1		
Pentecostal.....	12								1							1			7	203	1	36	2		71				1	
Presbyterians.....	413		55	37												6														
Protestants.....	1											1														54				
Roman Catholics.....	1527		81	29												1				19	2	1340	1							
Salvation Army.....	18		2																	1		2	11		2					
Unitarians.....	4		1	1												1									1					
United Brethren.....																														
United Church.....	1098	1	167	133			1	1								16			1	74		78	7		618				1	
Oriental Religions (1).....	1		1																									1		
No Religion.....	1																													
Other Sects.....	24		4	5																		4				3			8	
Not stated.....	1																												1	
Total brides.....	5,024	10	912	847	1	7	1	5	10			3	3		20	84		1	10	374	3	1632	30		1045		223	1		

(1) Buddhists, Confucians, Mohammedans, Shintos, Sikhs, Hindus.



**TABLE XLV—MARRIAGES—LITERACY OF BRIDEGROOMS AND BRIDES IN NOVA SCOTIA, CLASSIFIED BY BIRTHPLACE, 1939**

BIRTHPLACE	Bridegrooms			Brides		
	Total	Illiterate	Per cent Illiterate	Total	Illiterate	Per cent Illiterate
Total.....	5024	89	1.8	5024	35	0.7
<b>Canada</b> .....	4586	80	1.7	4688	31	0.7
Prince Edward Island.....	62	1	1.6	29		
Nova Scotia.....	4145	76	1.8	4379	29	0.7
New Brunswick.....	141	3	2.1	102	2	2.0
Quebec.....	59			39		
Ontario.....	113			74		
Manitoba.....	19			12		
Saskatchewan.....	15			20		
Alberta.....	17			17		
British Columbia.....	13			16		
Province not Specified.....	2					
<b>British Isles</b> .....	153			64		
England.....	102			49		
Ireland.....	8			1		
Scotland.....	39			13		
Wales.....	4			1		
Other.....						
<b>British Possessions</b> .....	122	4	3.3	157	4	2.5
Newfoundland.....	112	4	3.6	148	4	2.7
Other.....	10			9		
<b>Europe</b> .....	52	2	3.8	22		
Austria.....	1					
Belgium.....	4			2		
Denmark.....	1					
Finland.....						
France.....	2			2		
Germany.....	5			4		
Holland.....						
Hungary.....	6			3		
Italy.....	9	1	11.1	1		
Norway.....	2			1		
Poland.....	10	1	10.0	5		
Roumania.....						
Russia (1).....	1			2		
Sweden.....	1					
Other.....	10			2		
<b>Asia</b> .....	4	1	25.0	2		
China.....	1					
Japan.....						
Other.....	3	1	33.3	2		
<b>United States</b> .....	101	2	2.0	85		
<b>Various</b> .....	3			2		
<b>Not Specified</b> .....	3			4		

(1) Including the Ukraine.











